Form **990** 

Department of the Treasury Internal Revenue Service

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

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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** 

Inspection

A F	or th	e 2019 d	alendar year, or tax year beginning 01-01-2018 , and ending 12-3	1-2018			
		applicable:	C Name of organization		D Employer	identifica	tion number
☐ Ad	dress	change	GRACE RESOURCE CENTER INC		95-43092	251	
O Na		-	Doing business as		_[	_	
O Ini		turn m/terminated					
_		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone	number	
O Ap	olicati	ion pending			(661) 940	)-5272	
			City or town, state or province, country, and ZIP or foreign postal code LANCASTER, CA 93534		<b>G</b> Gross rece	ipts \$ 1,15	2,900
			F Name and address of principal officer:	<b>H(a)</b> Is	this a group retu	rn for	
			STEVE BAKER 45134 N SIERRA HIGHWAY	su	bordinates?		☐Yes ✓No
_			LANCASTER, CA 93534	H(b) Are	e all subordinate: :luded?	S	☐ Yes ☐No
I lax	-exer	mpt status:	✓ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		'No," attach a lis		structions)
J W	ebsi	te: 🕨		H(c) Gr	oup exemption n	umber 🕨	
<b>K</b> Forn	n of o	rganization	n: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo	rmation:	M State of	legal domicile:
Pa	ırt I	Sum	nmary	<u> </u>	I		
	1	Briefly de	scribe the organization's mission or most significant activities:				
e		TO DISTR	RIBUTE FOOD, CLOTHING, SHELTER, ETC TO THE NEEDY AND HOMELESS.				
ă							
E E							
Governance			nis box ► U of voting members of the governing body (Part VI, line 1a)			3	2
×ĕ			of independent voting members of the governing body (Part VI, line 1b)		•	4	0
Activities &			mber of individuals employed in calendar year 2018 (Part V, line 2a)			5	0
¥			mber of volunteers (estimate if necessary)			6	
Act			related business revenue from Part VIII, column (C), line 12			7a	0
			elated business taxable income from Form 990-T, line 34		•	7b	
			· · · · · · · · · · · · · · · · · · ·		Prior Year	С	urrent Year
	8	Contribu	tions and grants (Part VIII, line 1h)		1,660,10	00	1,152,900
ž	9	Program	service revenue (Part VIII, line 2g)				0
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )				0
	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total rev	renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,660,10	00	1,152,900
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3 )				0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		948,23	6	605,221
Exp enses	16	• Professi	onal fundraising fees (Part IX, column (A), line 11e)				0
×b			raising expenses (Part IX, column (D), line 25) D				
ш			spenses (Part IX, column (A), lines 11a-11d, 11f-24e)		770,48		488,230
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,718,71		1,093,451
. 00	19	Revenue	eless expenses. Subtract line 18 from line 12	D i	-58,61	_	59,449
Net Assets or Fund Balances				ьедіпп	ing of Current Yea	**	End of Year
sset	20	Total ass	sets (Part X, line 16)		506,04	4	506,473
A B	21	Total liab	pilities (Part X, line 26)		201,91	.6	142,359
žŽ	22	Net asse	ets or fund balances. Subtract line 21 from line 20		304,12	!8	364,114
	rt II		nature Block				
			perjury, I declare that I have examined this return, including accompanying ef, it is true, correct, and complete. Declaration of preparer (other than offic				
any k			ci, it is true, correct, and complete. Decidiation of preparer (other than one	ci ) is buse	a on an imorniae	1011 01 1111	ien preparer nas
		TK.			2010 05 07		
Sian		Signat	ture of officer		2019-05-07 Date		
Sign Here		CTEV/E	E BAKER EXECUTIVE DIRECTOR				
			or print name and title				
		- I'		ate		IN	
Paid	i		2		Check if P0 self-employed	0829775	
Pre		er	Firm's name INTEGRISOLUTIONS INC		Firm's EIN > 82-23	365919	
Use		sis.	Firm's address > 34138 COURTNEY TERRA		Phone no. (661) 27	2-0300	

ACTON, CA 93510

or I	the IRS discuss this return with the preparer shown above? (see instructions)	<b>Yes</b> Fo		<b>90</b> (2018)
	Page 2			
orm	990 (2018)			Page <b>2</b>
Pa	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			. $\square$
<b>1</b>	Briefly describe the organization's mission:	DV AND	2 1101	MELECC
	ROVIDE FOOD, SHELTER, CLOTHING, MEDICAL ASSISTANCE AND OTHER IMMEDIATE NEEDS TO THE THOUSANDS OF NEE LE LIVING IN OUR AREA	DY ANL	J HOI	MELESS
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?	□ Y€	es (	✓ No
_	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		V	<b>☑</b> No
	services?		res	₩ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
45	/Code: \/ (Evenues t 1.066.960 including synta of t \/ (Devenue t	010.1	10.)	
4a	(Code: ) (Expenses \$ 1,066,869 including grants of \$ ) (Revenue \$ SOLICIT DONATIONS TO PROVIDE SERVICES AND FINANCIAL AIDE FOR THOSE	918,1	.10)	
4b	(Code: ) (Expenses \$ 17,707 including grants of \$ ) (Revenue \$	115,6	93 )	
	CONDUCT COMMUNITY FUND RAISERS TO GENERATE ADDITIONAL INCOME.			
4c	(Code: ) (Expenses \$ 8,875 including grants of \$ ) (Revenue \$	119,0	197 )	
	SOLICIT GRANTS TO INCREASE FUNDS AVAILABLE FOR COMMUNITY SUPPORT.	/-	,	
4d	Other program services (Describe in Schedule O.)	,		
ŀe	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses > 1,093,451	)		
	-//	Fo	orm 9	<b>990</b> (2018)
	Page 3			
orm	990 (2018)			Page <b>3</b>
Pa	990 (2018)  THE IV Checklist of Required Schedules		Yes	No
Pa	990 (2018)	1	<b>Yes</b> Yes	No
Pa	990 (2018)  The IV Checklist of Required Schedules  Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1 2		No
1 2	990 (2018)  Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2		No
1 2 3	990 (2018)  Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			No No
1 2 3	990 (2018)  Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2		No No
1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3		No No
1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3		No No
1 2 3 4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4		No No
1 2 3 4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4 5		No No
1 2 3 4 5 6	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4		No No No No
1 2 3 4 5 6 7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4 5		No No No
1 2 3 4 5 6 7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4 5 6		No No No No
1 2 3 4 5	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7		No No No No No
1 2 3 4 5 6 7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7		No No No No No
1 2 3 4 5 6 7 8	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  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  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  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 II  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 III  Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  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	2 3 4 5 6 7 8		No N
1 2 3 4 5 6 7 8	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8		No No No No No No
1 2 3 4 5 6 7 8 9 10	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8		No N
1 2 3 4 5 6 7 8 9 110 111	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9 10		No
1 2 3 4 5 6 7 8 9 10 11 a	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  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  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  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 II  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  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part II  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 V  Did the org	2 3 4 5 6 7 8	Yes	No No No No No No No No No
1 2 3 4 5 6 7 8 9 10 11 a b	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9 10	Yes	No
1 2 3 4 5 6 7 8 9 10 11 a b	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9 10	Yes	No No No No No No No No No
1 2 3 4 5 6 7 8 9 10 11 a b c	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9 10	Yes	No N
1 2 3 4 5 6 7 8 9 10 11 a b c d	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2 3 4 5 6 7 8 9 10	Yes	No N

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</i>	23	<b>Yes</b> Yes	No
Par	The Checklist of Required Schedules (continued)		1	
orm	990 (2018)			Page
	David 4	ı	Form <b>99</b>	<b>U</b> (201
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
21 22	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  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	21		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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
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	Yes	
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
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
	Did the organization report on Parl 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
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		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		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
-	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		No

				raye <b>4</b>
Pa	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	Yes	
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		
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		No
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		No
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
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		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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? If "Yes," complete Schedule R, Part I	33		No
	We then a sixty and the state of the state o		_	

34

No

35a	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			
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		No	
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? If "Yes," complete Schedule R, Part VI	37		No	
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	Yes		
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance	30		<u> </u>	
	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 0				
	Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . <b>1b</b> 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No	
	(gambing) willings to prize winters.		orm <b>99</b>	<b>0</b> (2018)	
				` ,	
	Page 5 ———————————————————————————————————				
Form	990 (2018)			Daga <b>E</b>	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			Page <b>5</b>	
	Tax Statements, filed for the calendar year ending with or within the year covered by				
	this return	2b			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
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		No	
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).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No	
	solicit any contributions that were not tax deductible as charitable contributions?				
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).	OD			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a			
	provided to the payor?				
	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	Sponsoring organizations maintaining donor advised funds.				
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
_		8		No	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		No	
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		No	
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	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			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
12	L L				
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?				
	Note. See the instructions for additional information the organization must report on Schedule O.	13a			

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	13b				
С		13c				
	Did the organization receive any payments for indoor tanning services during the tax year			14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation		hedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,00					N
	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Sche Is the organization an educational institution subject to the section 4968 excise tax on net	edule	N	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net If "Yes," complete Form 4720, Schedule O	· iiive	surient income?	16		No
					orm <b>99</b>	<b>0</b> (2018)
	Page 6					
Form	990 (2018)					Page <b>6</b>
Par				Vo" resp	onse to l	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI	le 0.	See instructions.			<b>✓</b>
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2		
	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		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business		ionship with any other	_		
	officer, director, trustee, or key employee?	•		2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other pe			n <b>3</b>		No
	Did the organization make any significant changes to its governing documents since the pi			4		No
4 5	Did the organization make any significant changes to its governing documents since the pi Did the organization become aware during the year of a significant diversion of the organiz			5		No
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?			6		No
7a	Did the organization have members of stockholders, or other persons who had the power to					
	members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) r persons other than the governing body?			7b		No
R	Did the organization contemporaneously document the meetings held or written actions up					
3	the following:	. raci t	and adming the year D			
а	The governing body?			8a		No
	The governing body?			8a 8b		No No
b	Each committee with authority to act on behalf of the governing body?	nnot l	oe reached at the			No
ь 9	Each committee with authority to act on behalf of the governing body?	nnot l	pe reached at the	8b 9	e )	
ь 9	Each committee with authority to act on behalf of the governing body?	nnot l	pe reached at the	8b 9	e.) Yes	No
9 Se	Each committee with authority to act on behalf of the governing body?	nnot I • • • red b	pe reached at the	8b 9		No No
9 Se 10a	Each committee with authority to act on behalf of the governing body?	nnot I	pe reached at the  y the Internal Reven	9 ue Cod		No No
Se 10a	Each committee with authority to act on behalf of the governing body?	nnot I	the Internal Revenues of the Internal Revenues	8b 9 ue Cod		No No
Se 10a	Each committee with authority to act on behalf of the governing body?	nnot I	y the Internal Revenue	9 ue Cod		No No
9 Se 10a b	Each committee with authority to act on behalf of the governing body?	nnot I	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates,  g body before filing the	8b 9 ue Cod 10a 10b		No No No
9 Se 10a b 11a b	Each committee with authority to act on behalf of the governing body?	nnot I	the Internal Revention of the Internal Reven	8b 9 ue Cod 10a 10b		No No No No
9 Se 10a b 11a b	Each committee with authority to act on behalf of the governing body?	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s?  g body before filing the	9 10a 10b 11a 12a		No No No No
5e 10a b 11a b 12a b	Each committee with authority to act on behalf of the governing body?	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s? g body before filing the	9 ue Cod 10a 10b 11a		No No No No
5e 10a b 11a b 12a b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s? g body before filing the	9 10a 10b 11a 12a		No No No No
5e 10a b 11a b 12a b	Each committee with authority to act on behalf of the governing body?	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s? g body before filing the  that could give rise to  If "Yes," describe in	10a 10b 11a 12a 12b		No No No No
9 Se 10a b 11a b 12a c	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s?  g body before filing the  that could give rise to	9 ue Cod 10a 10b 11a 12a 12b 12c		No No No No No
5e 10a b 11a b 12a c 13 14	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pure that the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done  Did the organization have a written whistleblower policy?  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 the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for determining compensation of the following persons include a review and the process for the process for determining compensation of the following persons include a review and the process for the process for determining the process for the process for determining the process for the process for determining the process for the process for the process for determining	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s?  g body before filing the control of the contro	10a 10b 11a 12a 12b 12c 13		No No No No No No No No
b 9 Se 10a b 11a b 12a b c 13 14 15	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required in the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pure that the organization provided a complete copy of this Form 990 to all members of its governing form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13 .  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done .  Did the organization have a written whistleblower policy?  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 persons, comparability data, and contemporaneous substantiation of the deliberation and	red b	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s? g body before filing the  that could give rise to  that revenue.  that revenue.  that could give rise to  that revenue.  proval by independent ion?	10a 10b 11a 12a 12b 12c 13		No No No No No No No No No
b 9 Se 10a b 11a b 12a b c 13 14 15 a	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required in the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its governing?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review ar persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official	red b	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 Se 10a b 11a b 12a b c 13 14 15 a	Each committee with authority to act on behalf of the governing body?	red b	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13		No No No No No No No No No
b 9 Se 10a b 11a b 12a b c 13 14 15 a b	Each committee with authority to act on behalf of the governing body?	red b	y the Internal Revenue of the	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 Se 10a b 11a b 12a b c 13 14 15 a b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required in the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its governing form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13 .  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done .  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review are persons, comparability data, and contemporaneous substantiation of the deliberation and the organization's CEO, Executive Director, or top management official .  Other officers or key employees of the organization .  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	red b  s of surpose erning  g990.  rests  ooolicy  nd ap decis	y the Internal Revenue.  y the Internal Revenue.  ich chapters, affiliates, s? g body before filing the control of the control	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 Se 10a b 11a b 12a b c 13 14 15 a b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule O ction B. Policies (This Section B requests information about policies not required the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done  Did the organization have a written whistleblower policy?  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 persons, comparability data, and contemporaneous substantiation of the deliberation and the organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization.	nnot I	y the Internal Revenues of the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
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b 9 Se 10a b 11a b 12a b c 13 14 15 a b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule O ction B. Policies (This Section B requests information about policies not required the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done  Did the organization have a written whistleblower policy?  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 persons, comparability data, and contemporaneous substantiation of the deliberation and the organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization.	nnot I	y the Internal Revenues of the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 See 10a b 11a b 12a b c 13 14 15 a b 5ee See See See See See See See See See	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pure that the organization provided a complete copy of this Form 990 to all members of its governing.  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review are persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organizatio in joint venture arrangements under applicable federal tax law, and take steps to safeguar status with respect to such arrangements?	nnot I	y the Internal Revenues of the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 Se 10a b 11a b 12a b c 13 14 15 a b Se 17	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its governing.  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review are persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safeguar status with respect to such arrangements?	nnot   red b  s of surpose ernine 990.  rests oolicy and ap decis	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 See 10a b 11a b 12a b c 13 14 15 a b 5ee See See See See See See See See See	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule Oction B. Policies (This Section B requests information about policies not required.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pure that the organization provided a complete copy of this Form 990 to all members of its governing.  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review are persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organizatio in joint venture arrangements under applicable federal tax law, and take steps to safeguar status with respect to such arrangements?	nnot I	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 Se 10a b 11a b 12a b c 13 14 15 a b Se 17	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review ar persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safeguar status with respect to such arrangements?  Lition C. Disclosure  List the States with which a copy of this Form 990	nnot I	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
b 9 Se 10a b 11a b 12a b c 13 14 15 a b Se 17	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and the organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safeguar status with respect to such arrangements?  Did the States with which a copy of this Form 990 is required to be filed  Own website Anoth	nnot I	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N
Se   Se   Se   Se   Se   Se   Se   Se	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pur Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 9 Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the p Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review ar persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safeguar status with respect to such arrangements?  Lition C. Disclosure  List the States with which a copy of this Form 990	nnot I	y the Internal Revenue.  y the Internal Revenu	10a 10b 11a 12a 12b 12c 13 14		No N

										Form <b>990</b> (2018)
Form 990 (2018)			Page	e 7						27
Part VII Compensation of Office and Independent Contr Check if Schedule O contains	actors a response or note t	o any li	ne in	this	- Part	: VII .	<u>.</u>			
Section A. Officers, Directors, Tr La Complete this table for all persons requi					_			-		rganization's tax
year.  List all of the organization's current of compensation. Enter -0- in columns (D),  List all of the organization's current ke  List the organization's five current hig who received reportable compensation (Bosorganization and any related organizations.  List all of the organization's former off of reportable compensation from the organ List all of the organization's former diorganization, more than \$10,000 of reportaList persons in the following order: individual compensated employees; and former such  Check this box if neither the organization.	officers, directors, tru (E), and (F) if no co ey employees, if any. hest compensated et x 5 of Form W-2 and ficers, key employee: ization and any relate rectors or trustees able compensation fra al trustees or directo persons. on nor any related o	stees (value of the control of the c	wheth struct struct of f f hest nizati ceive organ itutio	ner ir was pions her t com coms. d, in pizati	ndivipald for than 10 pen the for the for the for the forms the fo	iduals I. definit I an of 99-MI sated I capac and ar sees; c	or o	organizations), re of "key employee r, director, trustee of more than \$10  ployees who recei as a former direcelated organizatio ers; key employe	gardless of amount e." e or key employee) 00,000 from the ived more than \$10 tor or trustee of the ons. es; highest rector, or trustee.	0,000
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than d	one b	ox, ι n of	t che inle: ficer	and a	son	Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) STEVE BAKER DIRECTOR	40	x						61,92	21	0
(2) JOHN COOPER ASST DIR	20	Х						15,52	24	0 0
			Dage	. 0						Form <b>990</b> (2018)
Form 990 (2018) Part VII Section A. Officers, Direction	tors, Trustees, Ko	ey Emp	Page		and	d Hig	hes	t Compensate	d Employees (cor	Page <b>8</b>
<b>(A)</b> Name and Title	hours per tha		oox, u	t che inles ficer	s pe	erson I a	or	(D) Reportable compensation from the rganization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	line)	dual trustae ector	tutional Trustee	H	mployee	st compensated	ier							
1b Sub-Total	s to Part VII, Sectio	n A .	 <u></u>	•		* *			77,445	20.022				
<ul> <li>Total number of individuals (inc of reportable compensation fror</li> <li>Did the organization list any for line 1a? If "Yes," complete Schell</li> </ul>	m the organization I	r or trust	ee, k	ey er	mplo	oyee, o	or hiç	ghest comp	pensated	employee	on	3	<b>Yes</b> Yes	No
<ul> <li>For any individual listed on line organization and related organi<i>individual</i></li> <li>Did any person listed on line 1a services rendered to the organi</li> </ul>	zations greater thar  receive or accrue o	\$150,00 • • • ompensa	0? <i>If</i> • tion f	"Yes rom	any	omple • unrela	te So • • ated	chedule J fo	or such • • • • • • • • • • • • • • • • • • •	· · ·	•	4		No
Section B. Independent Con  1 Complete this table for your five from the organization. Report of	tractors e highest compensa	ted indep calendar	endei	nt co	ontra	ctors	that	received n	nore than ganizatior	\$100,000	of com	<b>5</b> pensa	ation (C Comper	
2 Total number of independent cont		ut not lim	ited t	to the	ose	listed	abov	ve) who red	ceived mo	ore than \$1	.00,000	of		
compensation from the organizati	on •		_	Page	e 9							F	Form <b>99</b>	0 (2018)
Part VIII Statement of Revo		r note to	anv l	ine i	n thi	is Part	: VIII							Page <b>9</b>
	,				(A			(B) Relate exem funct rever	) d or npt ion	(C Unrela busin rever	ated ess		(D) Rever excluded k under 512 -	nue d from sections
erated campaigns	1a 1b		•				•		,			•		
The contributions, gifts, grants, leaves and contributions and contributions are contributions, gifts, grants, leaves and contributions, gifts, grants, leaves are contributions, gifts, grants, gifts, grants, gifts, grants, gifts, grants, gifts, grants, gifts, grants, gifts, gifts, gifts, gifts, gifts, gifts, gifts, gifts,	1c 1d													
ernment grants (contributions)  ther contributions, gifts, grants, and similar amounts not included above	1e1f													

1,037,207					
g					
Noncash contributions included					
in lines 1a - 1f:\$					
h Total. Add lines 1a-1f	1,132,900	1			
9	Business Code				
Вечепле					
Service					
§ 1 ————					
* All other program service revenue.					
Total. Add lines 2a-2f	<b>•</b>				
3 Investment income (including dividen	ds, interest, and other				
similar amounts)	▶				
<b>4</b> Income from investment of tax-exem	ot bond proceeds				
<b>5</b> Royalties					
(i) Real	(ii) Personal				
<b>6a</b> Gross rents					
<b>b</b> Less: rental expenses					
2					
c Rental income or (loss)					
<b>d</b> Net rental income or (loss)					
(i) Securities					
7a Gross amount	es (ii) Other				
from sales of assets other					
assets other than inventory					
<b>b</b> Less: cost or					
other basis and sales expenses					
C Gain or (loss)					
d Net gain or (loss)	•				
8a Gross income from fundraising event					
(not including \$ of					
contributions reported on line 1c). See Part IV, line 18	a   a				
(not including \$ of contributions reported on line 1c). See Part IV, line 18	b				
c Net income or (loss) from fundraising		0			
Gross income from gaming activities See Part IV, line 19					
See Part IV, line 19					
	a				
<b>b</b> Less: direct expenses	b				
c Net income or (loss) from gaming ac	tivities				
<b>10a</b> Gross sales of inventory, less returns and allowances					
returns and anowances	 a				
<b>b</b> Less: cost of goods sold	b				
	I				
c Net income or (loss) from sales of in Miscellaneous Revenue	ventory <b>b</b> Business Code				
11a	Dualifesa Code				
b					
с					
d All other revenue					
e Total. Add lines 11a-11d	•				
12 Total revenue. See Instructions					
Iotal levelue. See Instructions		1,152,900			
					Form <b>990</b> (2018)
		Page 10 -			
		Page 10 ———			
Form 990 (2018)					Page <b>10</b>
Part IX Statement of Functional		All all a		-tl	
Section 501(c)(3) and 501(c)(4) organization					
Check if Schedule O contains a re	esponse or note to any line	e in this Part IX .	<u> </u>		U

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Manag	(C) ement a Il expens		( <b>D</b> ) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22						
<b>3</b> 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						
<b>5</b> Compensation of current officers, directors, trustees, and key employees	77,445	77,445				
<b>6</b> 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	469,277	244,024		225	5,253	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,522	7,522				
9 Other employee benefits						
<b>10</b> Payroll taxes	50,977	26,508		24	1,469	
11 Fees for services (non-employees):						
<b>a</b> Management						
<b>b</b> Legal						
c Accounting	5,650				5,650	
e Professional fundraising services. See Part IV, line 17						
<b>f</b> Investment management fees						
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)						
12 Advertising and promotion	6,954	6,954				
13 Office expenses	6,230	5,295			935	
<b>14</b> Information technology						
L5 Royalties						
<b>.6</b> Occupancy	358,725	247,520		111	1,205	
<b>17</b> Travel						
1.8 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						
23 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	5,327					
b	151					
С	12,022					
d	2,289					
e All other expenses	90,882	79,487		11	1,395	
25 Total functional expenses. Add lines 1 through 24e	1,093,451	712,104		381	L,347	0
26 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 <b>990</b> (2018)
	Page 11					
	— Page 11 ———					
orm 990 (2018)						Page <b>11</b>
Part X Balance Sheet						. 3
Check if Schedule O contains a response or note to any	line in this Part IX					$\cap$
22 22adic o contains a response of note to any		(A)			•	(B)
		Beginning of	year			End of year
1 Cash-non-interest-bearing			49,431	1		49,860
2 Savings and temporary cash investments				2		
<b>3</b> Pledges and grants receivable, net				3		
4 Accounts receivable, net				4		_
E Lagra and other receivables from current and former of	ficers directors	- I		1 1		

	Luans and other receivables from current and re	# 111E1 1 1 1 1 1 E 1 3 1 1 1 1 1					
	trustees, key employees, and highest compensa				5		
	Part II of Schedule L				3		
6	Loans and other receivables from other disqualit section $4958(f)(1)$ , persons described in sectio						
	contributing employers and sponsoring organiza				_		
	voluntary employees' beneficiary organizations				6		
\$ 7	Part II of Schedule L		· · ·		7		
9	·		_		8		
8	Inventories for sale or use						
9	Prepaid expenses and deferred charges				9		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	492,450				
ь	Less: accumulated depreciation	10b	35,837	456,613	10c		456,613
11	Investments—publicly traded securities .				11		
12	Investments—other securities. See Part IV, line	11	_		12		_
13	Investments—program-related. See Part IV, line		_		13		
14	Intangible assets				14		
15	Other assets. See Part IV, line 11				15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equ			506,044	16		506,473
			•	300,044			300,473
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 P	Part IV of Schedule	D		21		
21 22 22	Loans and other payables to current and former						
	key employees, highest compensated employee	s, and disqualified					
0	persons. Complete Part II of Schedule L				22		
23	Secured mortgages and notes payable to unrela	•		199,511	23		142,178
24	Unsecured notes and loans payable to unrelated	·			24		
25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		third parties,	2,405	25		181
26	<b>Total liabilities.</b> Add lines 17 through 25	•		201,916	26		142,359
3	Organizations that follow SFAS 117 (ASC 9		▶ 🛂 and				
27 28	complete lines 27 through 29, and lines 33 Unrestricted net assets	and 34.		304,128	27		364,114
28	Temporarily restricted net assets				28		
	Permanently restricted net assets		· · ·		29		
29	Organizations that do not follow SFAS 117	(ASC QER)					
	check here D and complete lines 30 th	• •					
30	Capital stock or trust principal, or current funds				30		
31	Paid-in or capital surplus, or land, building or eq	uipment fund .	🗀		31		
32	Retained earnings, endowment, accumulated inc	 come, or other fur	nds		32		<del></del>
33	Total net assets or fund balances	•		304.128	33		364,114
34	Total liabilities and net assets/fund balances .		· · · · <del>-</del>	506,044	34		506.473
] -	Total habilities and fiet assets/fully balances .			333,011	34	Forr	n <b>990</b> (2018)
		Page	12				
	(2018)						Page <b>12</b>
Part XI	Reconcilliation of Net Assets						
	Check if Schedule O contains a response or no	ote to any line in t	this Part XI				U
_		12)					1.450.000
	al revenue (must equal Part VIII, column (A), line				1		1,152,900
	al expenses (must equal Part IX, column (A), line	•			2		1,093,451
	renue less expenses. Subtract line 2 from line 1				3		59,449
Net	assets or fund balances at beginning of year (mu	ust equal Part X, li	ne 33, column (A))		4		304,128
Net	unrealized gains (losses) on investments				5		
Doi	nated services and use of facilities				6		
Inv	estment expenses				7		
Pric	or period adjustments				8		
Oth	er changes in net assets or fund balances (explain	n in Schedule O)			9		
	assets or fund balances at end of year. Combine	•			10		364,114
Part XII	Financial Statements and Reporting			, (1)			,
	Check if Schedule O contains a response or r		this Part XII				. 🗆
						Y	es No
If t	ounting method used to prepare the Form 990: ne organization changed its method of accounting		Accrual O				
	edule O.						
	re the organization's financial statements compile	•	•			2a	No
	'es,' check a box below to indicate whether the fir arate basis, consolidated basis, or both:	nancial statements	for the year were	compiled or reviewed	on a		

	dictional Data				
				Return to	Form
orm	ditional Data			D - 1 1 -	F
	990 (2018)				
				Form	<b>990</b> (201
b			t or audits? If the organization did not undergo the required any steps taken to undergo such audits.	3b	
	Audit Act and OMB Circular A-	-133?	uired to undergo an audit or audits as set forth in the Single	3a	No
			or selection process during the tax year, explain in Schedule (	).	
С	of the audit, review, or compi	lation of its financial state	committee that assumes responsibility for oversight ments and selection of an independent accountant?	2c	
	☐ Separate basis	Consolidated basis	☐ Both consolidated and separate basis		
	If 'Yes,' check a box below to consolidated basis, or both:	indicate whether the finan	cial statements for the year were audited on a separate basis,		
D	Were the organization's financ	cial statements audited by	an independent accountant?	2b	No
<b>L</b>					

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TIN: 95-4309251

OMB No. 1545-0047

2018

## **SCHEDULE A** (Form 990 or 990EZ)

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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public

		ne organization						Employer identific	ation number			
GRAC	E RESOI	URCE CENTER INC						95-4309251				
Pa	rt I	Reason for Public Cha	arity Stat	us (All c	organization	s must comple	te this part.)					
The c	organiz	ation is not a private foundat	ion because	e it is: (Fo	or lines 1 thro	ugh 12, check o	nly one box.)					
1		A church, convention of chu	rches, or as	ssociation	of churches	described in <b>sec</b>	tion 170(b)(1)	)(A)(i).				
2		A school described in <b>section</b>	on 170(b)(	(1)(A)(ii	<b>).</b> (Attach Sch	edule E (Form 9	90 or 990-EZ).)	990-EZ).)				
3		A hospital or a cooperative	hospital ser	vice orga	nization desci	ibed in <b>section</b>	170(b)(1)(A)	)(1)(A)(iii).				
4		A medical research organization name, city, and state:	ation operat	ed in con	junction with	a hospital descri	bed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's			
5		An organization operated fo			lege or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in <b>section</b>			
6		170(b)(1)(A)(iv). (Complete A federal, state, or local government)		-	nental unit de	scribed in <b>sectio</b>	on 170(b)(1)(	A)(v).				
7		An organization that normal	llv receives	a substai	ntial part of it	s support from a	governmental	unit or from the genera	al public described in			
_		section 170(b)(1)(A)(vi)	. (Complete	e Part II.)								
8		A community trust describe					•					
9		An agricultural research org non-land grant college of ag							ege or university or a			
10 11 12		An organization that normal from activities related to its investment income and unr 30, 1975. See <b>section 509</b> An organization organized a	exempt fur elated busir (a)(2). (Co and operated	nctions—s ness taxal omplete F d exclusiv	subject to cert ble income (le Part III.) vely to test fo	ain exceptions, ass section 511 to public safety. S	and (2) no more ax) from busine ee <b>section 509</b>	e than 331/3% of its susses acquired by the cop(a)(4).	pport from gross organization after June			
2		more publicly supported org in lines 12a through 12d that <b>Type I.</b> A supporting organ	janizations at describes	described the type	in <b>section 5</b> of supporting	<b>09(a)(1)</b> or <b>se</b> organization an	ction 509(a)(2 d complete line	<b>?).</b> See <b>section 509(a</b> s 12e, 12f, and 12g.	(3). Check the box			
h		organization(s) the power to complete Part IV, Section  Type II. A supporting organization	o regularly a	appoint o	r elect a majo	rity of the direct	ors or trustees	of the supporting orga	nization. You must			
_		management of the support must complete Part IV, S	ing organiz Sections A	ation ves and C.	ted in the san	ne persons that o	control or mana	ge the supported orga	nization(s). <b>You</b>			
С		Type III functionally inte supported organization(s) (s							ted with, its			
d		Type III non-functionally functionally integrated. The										
		instructions). You must co	mplete Pa	rt IV, Se	ctions A and	D, and Part V.	·		`			
е		Check this box if the organize integrated, or Type III non-					RS that it is a Ty	ype I, Type II, Type III	functionally			
f	Enter	the number of supported org	ganizations					<u> </u>				
g	(:) N	Provide the following inform					anization listed	(w) Amount of	(vi) Amount of			
	(1)	Jame of supported organization	(ii) EIN	orga (descri 1- 10	Type of anization bed on lines above (see ructions))	in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
		·										
Tota								0	0			
For F	Paperv	work Reduction Act Notice or 990-EZ.	, see the I	nstructio	ons for	Cat. No. 11285	5F		90 or 990-EZ) 2018			
					Pa	ge 2 ———						
Sche	dule A	(Form 990 or 990-EZ) 2018							Page <b>2</b>			
Pa	rt II	Support Schedule for	r Organi:	zations	Described	in Sections 1	70(b)(1)(A)	(iv), 170(b)(1)(A	(vi), and			
		170(b)(1)(A)(ix) (Complete only if you	checked t	he hox c	n line 5 7	8 or 9 of Part	I or if the ord	anization failed to o	malify under Part			
		III. If the organization							quamy and or rare			
	ction endar	A. Public Support			1	1		<u> </u>				
(or	fiscal	year beginning in) 🕨	(a) 201	14	<b>(b)</b> 2015	(c) 2016	(d) 201	7 <b>(e)</b> 2018	(f) Total			
		rants, contributions, and ership fees received. (Do not										
i	nclude	any "unusual grant.")										
		enues levied for the ation's benefit and either paid	d									
t	o or ex	rpended on its behalf ue of services or facilities										
f	urnishe	ed by a governmental unit to										
		anization without charge Add lines 1 through 3										
<b>5</b> 7	he por	rtion of total contributions by erson (other than a										

GOVERNMENT LINE OF BURNEY		-			•	
governmental unit or publicly supported organization) included on						
line 1 that exceeds 2% of the amount						
shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
line 4.						
Section B. Total Support	Т	T	T	T	Т	T
Calendar year (or fiscal year beginning in) 🕨	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on						
securities loans, rents, royalties and						
income from similar sources						
9 Net income from unrelated business activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets						
(Explain in Part VI.)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc. (see instructio	ns)	<del>.</del>	·	12	!
First five years. If the Form 990 is fo	r the organization'	's first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	janization,
check this box and <b>stop here</b>					▶	
Section C. Computation of Public						
Public support percentage for 2018 (lir	ne 6, column (f) di	vided by line 11,	column (f))		14	_
Public support percentage for 2017 Sci	hedule A, Part II, I	ine 14			15	
5a 33 1/3% support test—2018. If the						
and stop here. The organization quali	fies as a publicly s	upported organiza	ntion			▶□
<b>b</b> 33 1/3% support test—2017. If the						_
box and <b>stop here.</b> The organization						▶∪
7a 10%-facts-and-circumstances test is 10% or more, and if the organization						
in Part VI how the organization meets	the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported	
organization						🕨 🗆
b 10%-facts-and-circumstances tes	<b>t—2017.</b> If the or	ganization did not	check a box on li	ne 13, 16a, 16b, d	or 17a, and line	
15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the "facts	acts-and-circumsi s-and-circumstanc	es" test. The orga	nization qualifies a	<b>p nere.</b> as a publicly	
supported organization						▶□
	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
<b>Private foundation.</b> If the organization						▶ □
Private foundation. If the organization instructions		Page 3		Schedul	e A (Form 990 c	or 990-EZ) 2018
instructions		Page 3		Schedul	e A (Form 990 c	page 3
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for	or Organization	Page 3	n Section 509(	Schedul	e A (Form 990 c	Page 3
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you	or Organization checked the box	Page 3  ns Described in a page 10 of F	n <b>Section 509(</b> Part I or if the or	Schedul a)(2) ganization faile	e <b>A (Form 990 o</b>	Page 3
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails	or Organization checked the box	Page 3  ns Described in a page 10 of F	n <b>Section 509(</b> Part I or if the or	Schedul a)(2) ganization faile	e <b>A (Form 990 o</b>	Page 3
hedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support	or Organization checked the boo to qualify under	Page 3  ns Described in a page 10 of Figure	n <b>Section 509(</b> Part I or if the or below, please c	Schedul a)(2) ganization faile omplete Part II.	d to qualify und	Page 3
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  alendar year or fiscal year beginning in)	or Organization checked the box	Page 3  ns Described in a page 10 of F	n <b>Section 509(</b> Part I or if the or	Schedul a)(2) ganization faile	e <b>A (Form 990 o</b>	Page 3
instructions	or Organization checked the boo to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	Schedul a)(2) ganization faile omplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  Galendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  Calendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  Calendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  Calendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
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chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
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instructions	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails  Section A. Public Support  Calendar year  or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513	or Organization checked the box to qualify under	Page 3  This Described in a on line 10 of Fithe tests listed  (b) 2015	n Section 509( Part I or if the or below, please c	a)(2) ganization faileomplete Part II.	d to qualify und ) (e) 2018	Page 3 er Part II. If
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instructions	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
hedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails Section A. Public Support alendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose as Gross receipts from activities that are not an unrelated trade or business under section 513  1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  1 The value of services or facilities furnished by a governmental unit to the organization without charge  5 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
instructions	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
instructions	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
instructions	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
instructions	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
instructions	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of Fithe tests listed  (b) 2015  1,818,977	r Section 509( Part I or if the or below, please c (c) 2016 2,065,929	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails)  Section A. Public Support  Calendar year  (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2014  1,903,301	Page 3  Ins Described in a on line 10 of F the tests listed  (b) 2015  1,818,977	(c) 2016	a)(2) ganization failed omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204  8,601,204  (f) Total
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails)  Section A. Public Support  Calendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2014	Page 3  Ins Described in a on line 10 of F the tests listed  (b) 2015  1,818,977	(c) 2016	a)(2) ganization faile omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204  8,601,204  (f) Total
chedule A (Form 990 or 990-EZ) 2018  Part III  Support Schedule for (Complete only if you the organization fails)  Section A. Public Support  alendar year  or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2014  (a) 2014  (a) 2014	Page 3  Ins Described in a on line 10 of F the tests listed  (b) 2015  1,818,977	(c) 2016	a)(2) ganization faile omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204  8,601,204  (f) Total
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails)  Section A. Public Support  Calendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2014  (a) 2014  (a) 2014	Page 3  Ins Described in a on line 10 of F the tests listed  (b) 2015  1,818,977	(c) 2016	a)(2) ganization faile omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204  8,601,204  (f) Total
chedule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for (Complete only if you the organization fails)  Section A. Public Support  Calendar year or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons barceived from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year or fiscal year beginning in)  9 Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and	(a) 2014  (a) 2014  (a) 2014	Page 3  Ins Described in a on line 10 of F the tests listed  (b) 2015  1,818,977	(c) 2016	a)(2) ganization faile omplete Part II.  (d) 2017  1,660,097	d to qualify und)  (e) 2018  1,152,900	Page 3 er Part II. If  (f) Total  8,601,204  8,601,204  (f) Total

	businesses acquired after June 30, 1975.			
c 11	Add lines 10a and 10b.			
	activities not included in line 10b, whether or not the business is			
12	regularly carried on. Other income. Do not include gain			
	or loss from the sale of capital assets (Explain in Part VI.)			
13	Total support. (Add lines 9, 10c, 1,903,301 1,818,977 2,065,929 1,660,097 1,152,91 1,600,097 1,152,91			601,204
	check this box and <b>stop here</b>	-		
Se	ction C. Computation of Public Support Percentage       Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))		100	.000 %
16	Public support percentage from 2017 Schedule A, Part III, line 15		100	.000 %
17	ction D. Computation of Investment Income Percentage         Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))       17			0 %
18	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	ne 17 i	s not	
1	nore than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	•	. 🗸	10:
b	<b>33</b> 1/3% <b>support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		_	18 IS
20	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			
	Schedule A (Form 990	or 99	0-EZ)	2018
	Page 4 ————			
Sche	tule A (Form 990 or 990-EZ) 2018			2000 4
	t IV Supporting Organizations		F	Page 4
	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If y 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			
Se	Sections A and D, and complete Part V.)  ction 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	3a		
c	determination.  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3b		
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.	3с		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign support and provided the support of the organization and the organization are paid and provided the organization and the organization are paid and provided the organization and the organization are paid and provided the organization and the organization are paid and provided the organization are paid and provided the organization and the organization are paid and provided the organization are provided to the organ			
5a	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and	4c		
Ja	(c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
ь	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
с 6	<b>Substitutions only.</b> 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	5c		
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial			
8	contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"	7		
0-	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	ac ac		

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 line 10b below.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).  Schedule A (Form 990	10b	O E7\	2018
	Schedule A (Form 990	) OF 95	JU-EZ)	2018
	Page 5 ———————————————————————————————————			
	dule A (Form 990 or 990-EZ) 2018  t IV Supporting Organizations (continued)		F	Page <b>5</b>
1 (1)	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		
b	A family member of a person described in (a) above?	11b		
С	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		
Se	ection B. Type I Supporting Organizations		V	
1	Did the directors, trustees, or membership of one or more supported examinations have the newer to regularly appoint or		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 tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
	Action of Type 12 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ection D. All Type III Supporting Organizations	_		
36	Ection D. All Type 111 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	By reason of the relationship described in (2) did the arganization's supported arganizations have a significant voice in the	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection 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 instruction)	ons):		
	0 3			
ŀ				
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
ā	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 that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	Za		
	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	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		
	Schedule A (Form 990		0-EZ)	2018

	instructions. All other Type III non-functionally integrated supporting orga Section A - Adjusted Net Income		(A) Prior Year	(B) Current Ye
	•			(optional)
2	Net short-term capital gain  Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(A) Drie - Ve	(D) O
_	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	1 1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	<b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
	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, se instructions).	e <b>4</b>		
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		
В	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		
Į.	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year			
_	<u> </u>	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6	l Type III supportin	g organization (see
_	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall	6		g organization (see
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)	6		,
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall	6		,
7	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7	6		,
<b>7</b>	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)	<b>6</b> y-integrated	Schedule A	(Form 990 or 990-EZ
6 7	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7	<b>6</b> y-integrated	Schedule A	(Form 990 or 990-EZ
hee	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting	<b>6</b> y-integrated	Schedule A	(Form 990 or 990-EZ
heec	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported.	6 y-integrated	Schedule A	(Form 990 or 990-EZ
6 7 Pa Sec	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes	g Organiz	Schedule A	(Form 990 or 990-EZ
6 7 Pa	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supportingation D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations.	g Organiz	Schedule A	(Form 990 or 990-EZ
6 7 7 Secondary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functional instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes of supporte excess of income from activity that directly furthers exempt purposes of supported excess of income from activity	g Organiz	Schedule A	(Form 990 or 990-EZ
heece	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functional instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes of supporte excess of income from activity that directly furthers exempt purposes of supported excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)	g Organiz	Schedule A	(Form 990 or 990-EZ
6 7 7 Pa Sec 1 2 3 4 5 6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally instructions.  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supportingation D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions	g Organiz	Schedule A	(Form 990 or 990-EZ
6 7 1 8	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations to accomplish exempt purposes of supported excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is response.	g Organizated organizations	Schedule A ations (continu	(Form 990 or 990-EZ
6 7 Sec 1 2 3 4 5 6 7 1 8	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is respondetails in Part VI). See instructions	g Organizated organizations	Schedule A ations (continu	(Form 990 or 990-EZ
6 7 1 8 9	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations to accomplish exempt purposes of supported excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is response.	g Organizated organizations	Schedule A ations (continu	(Form 990 or 990-EZ
6 7 1 8 9	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functional instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  In V Type III Non-Functionally Integrated 509(a)(3) Supporting the current year is the organizated 509(a)(3) Supporting the current year is the organization of the current year.  Distributions to accomplish exempt purposes of supported organization of the current year is the organization of the current year.  Distributions to accomplish exempt purposes of supported organization of the current year.  Distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responded in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see	g Organizated organizations	Schedule A  ations (continu  ions, in  ide  (ii) erdistributions	ed)  Current Yea  (iii) Distributable
6 7 7 Sec 1 2 3 4 5 6 7 1 8 9 10 1	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes of supportex excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supportex excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is respondetable in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2018 from Section C, line  Distributable amount for 2018 from Section C, line	g Organizated organizations	ations (continu	ed) Current Yea
66 77 78 88 88 88 88 88 88 88 88 88 88 88	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes of supportex excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supportex excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is respondetable in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2018 from Section C, line  Distributable amount for 2018 from Section C, line	g Organizated organizations	Schedule A  ations (continu  ions, in  ide  (ii) erdistributions	ed)  Current Yea  (iii) Distributable
77713333333311	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionall instructions)  Page 7  dule A (Form 990 or 990-EZ) 2018  TV Type III Non-Functionally Integrated 509(a)(3) Supporting tion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions  Fotal annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responded in Part VI). See instructions  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2018 from Section C, line 6  Line 8 amount divided by Line 9 amount	g Organizated organizations	Schedule A  ations (continu  ions, in  ide  (ii) erdistributions	ed)  Current Yea  (iii) Distributable

b From 2014			
c From 2015			
d From 2016			
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) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
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) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<ul> <li>g Applied to underdistributions of prior years</li> <li>h Applied to 2018 distributable amount</li> <li>i Carryover from 2013 not applied (see instructions)</li> <li>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</li> </ul>			
<ul> <li>h Applied to 2018 distributable amount</li> <li>i Carryover from 2013 not applied (see instructions)</li> <li>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</li> </ul>			
Carryover from 2013 not applied (see instructions)     Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<ul> <li>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2.</li> <li>If the amount is greater than zero, explain in Part VI. See instructions.</li> <li>Remaining underdistributions for 2018. Subtract</li> </ul>			
lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
<b>d</b> Excess from 2017			
e Excess from 2018			
	———— Page 8 ——	Schedule A	(Form 990 or 990-EZ) (2018)
Chedule A (Form 990 or 990-EZ) 2018  Part VI  Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Instructions).	, 9b, 9c, 11a, 11b, and 13 ion E, lines 1c, 2a, 2b, 3a	Ic; Part IV, Section B, lines 1 and and 3b; Part V, line 1; Part V, Sec	2; Part IV, Section C, line 1; ction B, line 1e; Part V
F	Facts And Circumstance	es Test	
Return Reference		Explanation	
		Schedule A	(Form 990 or 990-EZ) 2018
Additional Data			Return to Form

**Software ID:** 18007443 **Software Version:** 

OMB No. 1545-0047

Open to Public Inspection

## **SCHEDULE D** (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 <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

	ne of the organization CE RESOURCE CENTER INC				Emp	oloyer identification number
- "						1309251
a	organizations Maintaining Donor Advise				or Acc	counts.
_	Complete if the organization answered "Yes"			IV, line 6. ised funds	1	(b)Funds and other accounts
	Total number at end of year	(a) DOI	ioi auvi	isca runus		(a) unus unu otner actounts
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors organization's property, subject to the organization's exclu					funds are the
	Did the organization inform all grantees, donors, and dono charitable purposes and not for the benefit of the donor or private benefit?	donor advisor,	or for a	any other purpose of	be use	ed only for
ar	t II Conservation Easements. Complete if the	organization	answe	red "Yes" on Forr	n 990	
	Purpose(s) of conservation easements held by the organization	_				, , -
	Preservation of land for public use (e.g., recreation of	r education)		Preservation of an	histor	ically important land area
	Protection of natural habitat	Í				d historic structure
	Preservation of open space					
	Complete lines 2a through 2d if the organization held a qu	alified conserva	ation co	ntribution in the fo	rm of a	a conservation
	easement on the last day of the tax year.				01 6	Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
2	Number of conservation easements on a certified historic s			•	2c	
d	Number of conservation easements included in (c) acquired structure listed in the National Register	1 after 7/25/06	, and n	ot on a historic	2d	
	Number of conservation easements modified, transferred, tax year	released, extin	guished	d, or terminated by	the or	ganization during the
	Number of states where property subject to conservation e	easement is loc	ated 🕨			
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?				of viola	ations,
	Staff and volunteer hours devoted to monitoring, inspectin	g, handling of	violatio	ns, and enforcing c	onserv	
	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violat	ions, ar	nd enforcing conser	vation	easements during the year
	Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)?				70(h)(	4)(B)(i)
	In Part XIII, describe how the organization reports conserval balance sheet, and include, if applicable, the text of the for the organization's accounting for conservation easements.	otnote to the o				
arl	III Organizations Maintaining Collections of		cal Tr	easures, or Oth	er Si	milar Assets.
	Complete if the organization answered "Yes"			•		
a b	If the organization elected, as permitted under SFAS 116 ( art, historical treasures, or other similar assets held for pu provide, in Part XIII, the text of the footnote to its financia If the organization elected, as permitted under SFAS 116 ( historical treasures, or other similar assets held for public following amounts relating to these items:	blic exhibition, al statements the (ASC 958), to re	educati nat desc eport in	ion, or research in t cribes these items. I its revenue statem	further nent ar	ance of public service, and balance sheet works of art,
(	) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$
-	Assets included in Form 990, Part X					
(II)	Jassets included in Form 990, Part X					
	following amounts required to be reported under SFAS 116				iliciai y	aiii, provide tile
а	Revenue included on Form 990, Part VIII, line 1					. ▶\$
b	Assets included in Form 990, Part X					. <b>&gt;</b> \$
r P	aperwork Reduction Act Notice, see the Instructions					
						,
		Page 2				
h a c	ula D (Farma 000) 2010					
	ule D (Form 990) 2018	Art Histori	cal Tr	anguras ar Oth	or Ci	Page 2
art	Using the organization's acquisition, accession, and other r					
	items (check all that apply):		, 51 (		. C u 319	gsane ass of its concellon
а	Public exhibition	d		Loan or exchange	prograi	ms
b	Scholarly research	e		Other		
С	Preservation for future generations					
	Provide a description of the organization's collections and $\varepsilon$ Part XIII.	explain how the	y furth	er the organization	's exen	npt purpose in

assets to be sold to raise fu					_	Yes No
	t <b>odial Arrangements.</b> ganization answered "Ye	es" on Form 990, P	art IV, line	9, or reporte		
1a Is the organization an agent included on Form 990, Part						Yes No
<b>b</b> If "Yes," explain the arrange	ement in Part XIII and comp	olete the following tal	ble:		Amo	unt
<b>c</b> Beginning balance				1c		
${f d}$ Additions during the year .				. 1d		
e Distributions during the year	r			1e		
<b>f</b> Ending balance				. 1f		
2a Did the organization include	an amount on Form 990, F	Part X, line 21, for eso	crow or custo	odial account lia	bility?	Yes 🔽 No
<b>b</b> If "Yes," explain the arrange	ement in Part XIII. Check he	ere if the explanation	has been pr	ovided in Part >	ан С	
Part V Endowment Fun	<b>ds.</b> Complete if the orga	nization answered	l "Yes" on F	orm 990, Par	t IV, line 10.	
	(a)Curi	ent year <b>(b)</b> Prior	year (c	Two years back	(d)Three years b	ack (e)Four years back
<b>1a</b> Beginning of year balance .						
<b>b</b> Contributions						
c Net investment earnings, gain	ns, and losses					
<b>d</b> Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>	es					
f Administrative expenses .						
<b>g</b> End of year balance						
2 Provide the estimated perce		nd balance (line 1a. o	column (a))	held as:		
Board designated or quasi-e		9/	(-//			
<b>b</b> Permanent endowment ▶						
c Temporarily restricted endo	wment 🕨					
The percentages on lines 2a		00%.				
3a Are there endowment funds			re held and a	administered fo	r the	
organization by:						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
<ul><li>b If "Yes" on 3a(ii), are the re</li><li>4 Describe in Part XIII the interest</li></ul>	<u>-</u>	•				30
Part VI Land, Buildings,	<del>-</del>	ion a chaowinent ran				
	ganization answered "Ye	es" on Form 990, P	art IV, line	11a. See For	m 990, Part X	, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other ba				(d) Book value
1a Land	220,00	0				220,000
<b>b</b> Buildings	157,39	12				157,392
c Leasehold improvements						
<b>d</b> Equipment	115,05	8			35,837	79,221
<b>e</b> Other						
Total. Add lines 1a through 1e.(C	olumn (d) must equal Form	990, Part X, column	(B), line 10	(c).)	<b>&gt;</b>	456,613
					Schedu	ile D (Form 990) 2018
		Page 3 -				
Schedule D (Form 990) 2018						
	ther Securities. Compl	ete if the organiza	tion angue	red "Voc" on I	Orm 000 Do	Page <b>3</b>
See Form 990, Pa		ete ii tile bigailiZa	cion answe	reu 165 Oil I	טוווו ששט, צמר	c iv, mie IID.
(a) Descrip	tion of security or category		(b)		(c) Method of v	
(includ	ing name of security)		Book value	Cost	or end-of-year	market value
			value			
<ul><li>(1) Financial derivatives</li><li>(2) Closely-held equity interests</li></ul>						
(3)Other		<u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 99	90, Part X, col. (B) line 12.)		•			
Part VIII Investments P	rogram Related.					

Complete if the organization answered fes on Form 990, Par				
(a) Description of investment (b) Boo	ok value			aluation: market value
1)		COSC OF CHA	, cur	
2)				
3)			_	
(4)				
5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX Other Assets. Complete if the organization answered 'Yes' on Form  (a) Description	990, Part IV, lin	e 11d. See Form	990, Par	t X, line 15. (b) Book value
(1)				. ,
2)				
(3)				
4)				
5)				
6)				
7)				
8)				
9)				
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes				1f
rail A <b>Other Liabilities.</b> Comblete ii the organization answered lies	on Form 990	), Part IV, line 1	ie or i	
See Form 990, Part X, line 25.			ie or i	
See Form 990, Part X, line 25. (a) Description of liability	(b) Book valu		1e or 1	
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes		ue	1e or 1	1
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE			1e or 1	
See Form 990, Part X, line 25 (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)		ue	ie or i	
See Form 990, Part X, line 25 (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)  3)		ue	ie or i	
See Form 990, Part X, line 25 (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)  3)		ue	ie or i	
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)		ue	ie or i	
See Form 990, Part X, line 25.  1. (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)		ue	ie or i	
See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)  5)		ue	ie or i	
See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)  5)		ue	ie or i	
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)  5)		ue	ie or i	
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  (ALES TAX PAYABLE  2)  3)  4)  5)  6)		ue	ie or i	
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)  3)  4)  5)  6)  7)		ue	ie or i	
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  (ALES TAX PAYABLE  2)  33  40  55)  66)  77)  88  99  Otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  L. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to	(b) Book valu	181 181 on's financial stat	ements	that reports the
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)  3)  4)  5)  6)  7)  8)  Potal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to	(b) Book valu	181 181 on's financial stat	ements been pro	that reports the vided in Part XIII
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)  3)  4)  5)  6)  7)  8)  Potal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to	(b) Book valu	181 181 on's financial stat	ements been pro	that reports the
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  (ALES TAX PAYABLE  2)  33  40  55)  66)  77)  88  99  Otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  L. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to	(b) Book valu	181 181 on's financial stat	ements been pro	that reports the vided in Part XIII
See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  ALES TAX PAYABLE  2)  33  44)  55)  66)  77  88)  90  otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote traganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	(b) Book valu	181 181 on's financial stat	ements been pro	that reports the vided in Part XIII Ule D (Form 990) 2018
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See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)  5)  60  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part Yang Page 4  Complete if the organization answered 'Yes' on Form 990, Part Yang Page 4	o the organizative if the text of	181  181  on's financial stat the footnote has become per Re	ements been pro <b>Schedu</b>	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SALES TAX PAYABLE  2)  3)  4)  55)  60  77)  88)  99)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part 1. Total revenue, gains, and other support per audited financial statements .	o the organizative if the text of	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes  SALES TAX PAYABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I Total revenue, gains, and other support per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	o the organizative if the text of	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  SALES TAX PAYABLE (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part 1  Total revenue, gains, and other support per audited financial statements .  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities	o the organization of the text	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes  SALES TAX PAYABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote torganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	o the organization of the text	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes  SALES TAX PAYABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part 1  Total revenue, gains, and other support per audited financial statements .  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities	o the organization of the text	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  SALES TAX PAYABLE (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to progranization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part XI Total revenue, gains, and other support per audited financial statements and the support per audited financial statements.  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	o the organization of the text	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018
See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes  SALES TAX PAYABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her  Page 4  Schedule D (Form 990) 2018  Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities	o the organization of the text	181  181  on's financial stat the footnote has become per Re	ements been pro Schedu	that reports the vided in Part XIII Ule D (Form 990) 2018

b	Other (Describe in Part XIII.)	1	4b	1				
c	Add lines 4a and 4b	L		l			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal F						5	
	XII Reconciliation of Expenses per Audit						_	
1 (11	Complete if the organization answered "					ises per i	ccuii	
1	Total expenses and losses per audited financial statem	nents					1	
2	Amounts included on line 1 but not on Form 990, Part	IX, line 25:						
а	Donated services and use of facilities		2a					
b	Prior year adjustments		2b					
С	Other losses	[	2c					
d	Other (Describe in Part XIII.)		2d					
e	Add lines 2a through 2d						2e	
3	Subtract line $\bf 2e$ from line $\bf 1$						3	
4	Amounts included on Form 990, Part IX, line 25, but r	not on line 1:						
а	Investment expenses not included on Form 990, Part	VIII, line 7b	4a					
b	Other (Describe in Part XIII.)		4b					
c	Add lines <b>4a</b> and <b>4b</b>	· · · · · · · · · · · · · · · · · · ·					4c	
5	Total expenses. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal	Form 990, Part I, line 18.)					5	
Par	t XIII Supplemental Information							
Prov	ide the descriptions required for Part II, lines 3, 5, and 2d and 4b; and Part XII, lines 2d and 4b. Also comple	9; Part III, lines 1a and 4 te this part to provide any	; Part addit	IV, lin	es 1b ar nformat	nd 2b; Part \ion.	V, line	4; Part X, line 2; Part XI,
	Return Reference				Exp	olanation		
	•						Sched	ule D (Form 990) 2018
Ad	ditional Data							Return to Form

**Software ID:** 18007443 **Software Version:** 

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ObjectId: 201931339349303233 - Submission: 2019-05-13

TIN: 95-4309251

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

2018

Organization entered more than \$15,000 on Form 990-EZ, line 6a.  Department of the Treasury Internal Revenue Service  Organization entered more than \$15,000 on Form 990-EZ. Internal Revenue Service  Organization entered more than \$15,000 on Form 990-EZ. Internal Revenue Service  Organization entered more than \$15,000 on Form 990-EZ. Internal Revenue Service  Organization entered more than \$15,000 on Form 990-EZ. Internal Revenue Service Servi								Open to Public Inspection		
	ne organization SOURCE CENTER						Employer ide	entification number		
SKACL KE	JOUNCE CENTER	INC					95-4309251			
Part I	_	Activities.Comp	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.		
1 Indic	cate whether the o	organization raised f	unds through an	y of the f	ollowing activities. Check	all that a	pply.			
a $\square$ M	fail solicitations			•	Solicitation of non	-governm	ent grants			
<b>b</b> [] I	nternet and email	solicitations		1	F Solicitation of gov	ernment g	grants			
<b>c</b>	hone solicitations			ç	☐ Special fundraising	g events				
d 🗌 I	n-person solicitati	ions								
or ke	ey employees liste	ed in Form 990, Part	VII) or entity in	connection	vidual (including officers, on with professional fundr	aising ser	vices?	es 🗆 No		
		ghest paid individua least \$5,000 by the		ndraisers)	) pursuant to agreements	under wh	nich the fundrais	er is		
	and address of inc entity (fundraiser)		fundrai cust con	) Did iser have ody or trol of butions?	(iv) Gross receipts from activity			(vi) Amount paid to (or retained by) organization		
			Yes	No						
Γotal				. ▶						
3 List all licensing		ne organization is re	gistered or licen	sed to sol	icit contributions or has b	een notifi	ed it is exempt	l from registration or		
					:===========			=======================================		
or Paperw	ork Reduction Act	Notice, see the Instr	uctions for Form	990 or 99	O-EZ. Cat. No.	50083H	Schedule G	(Form 990 or 990-EZ) 2018		
				Pa	age 2					
Schedule G	G (Form 990 or 99	90-EZ) 2018						Page <b>2</b>		
Part II	than \$15,000		vent contributi		inswered "Yes" on Fori gross income on Form					
	g. 223 i eccipt	<u>J. 50057 than </u> \$5	(a)Event	#1	<b>(b)</b> Event #2	(c)0	ther events	(d) Total events		
			SPECIA	L	GOLF		4	(add col. (a) through		

enne		(a)Event #1  SPECIAL (event type)	(b) Event #2  GOLF (event type)	(c)Other events  4 (total number)	(d) Total events (add col. (a) through col. (c))
Reve	1 Gross receipts	63,267	25,456	26,970	115,693
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	63,267	25,456	26,970	115,693

	4 Cash prizes					
	5 Noncash prizes					
ses	6 Rent/facility costs	3,400	744		4,144	
Expenses	<b>7</b> Food and beverages	6,718		5,821	12,539	
	8 Entertainment	3// 13		5,623	12,003	
Direct	9 Other direct expenses	770	254		1,024	
	<b>10</b> Direct expense summary. Add lines 4 t	-			17,707	
	11 Net income summary. Subtract line 10				97,986	
Par	III <b>Gaming.</b> Complete if the orga					
	on Form 990-EZ, line 6a.			T	T	
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))	
Ke	1 Gross revenue					
es						
Expenses	2 Cash prizes					
Ś	3 Noncash prizes					
Direct	4 Rent/facility costs					
ริ	5 Other direct expenses					
	<b>6</b> Volunteer labor	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>		
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)				
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	•		
a Is the organization licensed to conduct gaming activities in each of these states?						
0-2						
0a b		censes revoked, suspende	d or terminated during the		☐ Yes ☐ No	
	Were any of the organization's gaming lid	censes revoked, suspende	d or terminated during th	e tax year?	☐ Yes ☐ No	
	Were any of the organization's gaming lid	censes revoked, suspende	d or terminated during th	e tax year?	☐ Yes ☐ No	
	Were any of the organization's gaming lid	censes revoked, suspende	d or terminated during th	e tax year?	☐ Yes ☐ No	
	Were any of the organization's gaming lid	censes revoked, suspende	d or terminated during th	e tax year?	Yes No	
b	Were any of the organization's gaming lid  If "Yes," explain:	censes revoked, suspende	d or terminated during th	e tax year?	Yes No No	
<b>b</b>	Were any of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  Were any of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  Were any of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization's gaming lid  If "Yes," explain:  Light State of the organization lid  If "Yes," explain:  Light State of the organization lid  If "Yes," explain:  Light State of the organization lid  If "Yes," explain:  Light State of the organization lid  If "Yes," explain:  Light State of the organization lid  If "Yes," explain:  Light State of the organization lid  If "Yes," explain:  Light State of the organization lid  Light State of	enses revoked, suspended	d or terminated during the	e tax year?	Yes No Form 990 or 990-EZ) 2018	
b che	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act is the organization a grantor, beneficiary	censes revoked, suspender	age 3  member of a partnership	Schedule G (I	Yes No Form 990 or 990-EZ) 2018	
b ched	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act is the organization a grantor, beneficiary formed to administer charitable gaming?	censes revoked, suspender	age 3  member of a partnership	Schedule G (I	Yes No Form 990 or 990-EZ) 2018	
b the	Were any of the organization's gaming lid If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act Is the organization a grantor, beneficiary formed to administer charitable gaming?	ctivities with nonmembers or trustee of a trust or a recy conducted in:	age 3  ? member of a partnership	Schedule G (I	Page 3	
he :	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act is the organization a grantor, beneficiary formed to administer charitable gaming?	censes revoked, suspended  p  ctivities with nonmembers or trustee of a trust or a increase of a conducted in:	age 3	Schedule G (i	Yes	
b L 2	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act  Is the organization a grantor, beneficiary formed to administer charitable gaming?  Indicate the percentage of gaming activit  The organization's facility	censes revoked, suspended  p  ctivities with nonmembers or trustee of a trust or a reconstruction of the conducted in:	age 3  member of a partnership	Schedule G (i	Page 3  Yes No  Page 3  Yes No  Yes No  Yes No	
chec 1 2 3 a b	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act  Is the organization a grantor, beneficiary formed to administer charitable gaming?  Indicate the percentage of gaming activit  The organization's facility  An outside facility  Enter the name and address of the person	censes revoked, suspended  p  ctivities with nonmembers or trustee of a trust or a record conducted in:	age 3  ?	Schedule G (i	Yes	
b L 2 3 a b	Were any of the organization's gaming lice. If "Yes," explain:	censes revoked, suspender  petivities with nonmembers or trustee of a trust or a reconducted in:  in who prepares the organ	age 3  ?	Schedule G (I	Yes	
hei l s a b	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming activity formed to administer charitable gaming?  Indicate the percentage of gaming activity the organization's facility  An outside facility  Enter the name and address of the personant of the pe	censes revoked, suspender  petivities with nonmembers or trustee of a trust or a reconstructed in:  n who prepares the organ  th a third party from whor	age 3  member of a partnership  ization's gaming/special e	Schedule G (I	Yes	
b heal l a b	Were any of the organization's gaming lice. If "Yes," explain:	censes revoked, suspender  ctivities with nonmembers or trustee of a trust or a received in:	age 3  member of a partnership  ization's gaming/special e	Schedule G (I	Yes	
b heal l l l sa b	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act  Is the organization a grantor, beneficiary formed to administer charitable gaming?  Indicate the percentage of gaming activit  The organization's facility  An outside facility  Enter the name and address of the perso  Name  Address  Does the organization have a contract wi revenue?  If "Yes," enter the amount of gaming rev	censes revoked, suspender  ctivities with nonmembers or trustee of a trust or a received by the organ that third party   enue received by the organ the third party   \$\int \$\text{\$\tex{	age 3  member of a partnership  ization's gaming/special e	Schedule G (I	Yes	
b chee 1 2 3 a b 4	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming act  Is the organization a grantor, beneficiary formed to administer charitable gaming?  Indicate the percentage of gaming activit  The organization's facility  An outside facility  Enter the name and address of the person  Name  Address  Does the organization have a contract wirevenue?  If "Yes," enter the amount of gaming revenue retained by the	th a third party from whore third party:	age 3  ?	Schedule G (i	Yes	
b chee 1 2 3 a b 4	Were any of the organization's gaming lid  If "Yes," explain:  Does the organization conduct gaming act  Is the organization a grantor, beneficiary formed to administer charitable gaming?  Indicate the percentage of gaming activit The organization's facility  An outside facility  Enter the name and address of the perso  Name  Address  Does the organization have a contract wi revenue?  If "Yes," enter the amount of gaming rev amount of gaming revenue retained by the  If "Yes," enter name and address of the te  Name	th a third party from whore third party:	age 3  ?	Schedule G (i	Yes	
b 1 2 3 a b 4	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming activity formed to administer charitable gaming?  Indicate the percentage of gaming activity formed to administer charitable gaming activity.  An outside facility formed to administer charitable gaming activity.  Enter the name and address of the personal solution of the personal solution.  Address Does the organization have a contract with revenue?  If "Yes," enter the amount of gaming revenue of gaming revenue retained by the solution of the text of the personal solution.  Address Does the organization have a contract with revenue?  Address Does the organization have a contract with revenue?  Address Does the organization have a contract with revenue?  Address Does the organization have a contract with revenue?  Address Does the organization have a contract with revenue?	censes revoked, suspender  ctivities with nonmembers or trustee of a trust or a management of the conducted in:	age 3  ? member of a partnership ization's gaming/special e	Schedule G (I	Yes	
b 1 2 3 a b 4 5 5 a b c	Were any of the organization's gaming lid  If "Yes," explain:  Jule G (Form 990 or 990-EZ) 2018  Does the organization conduct gaming activity the organization a grantor, beneficiary formed to administer charitable gaming?  Indicate the percentage of gaming activity the organization's facility  An outside facility  Enter the name and address of the personant of gaming activity  Address Does the organization have a contract wirevenue?  If "Yes," enter the amount of gaming revenue retained by the samount of gaming revenue retained by the samount of gaming revenue amount of gaming revenue retained by the samount of gaming revenue retained	th a third party from whore third party:	age 3  ? member of a partnership ization's gaming/special e	Schedule G (I	Yes	
6ched 11 12 13 a b 14	Were any of the organization's gaming lid  If "Yes," explain:    Comparison of the organization's gaming lid   If "Yes," explain:	tivities with nonmembers or trustee of a trust or a record or a trust or a record of the property of the a third party from whomenue received by the organie third party:	age 3  ? member of a partnership ization's gaming/special e	Schedule G (i	Yes No Page 3 Yes No Yes No Yes No Yes No	
b chee 1 2 3 a b 4 5 a b c	Were any of the organization's gaming lid  If "Yes," explain:    Comparison of the organization's gaming lid   If "Yes," explain:	censes revoked, suspender  ctivities with nonmembers or trustee of a trust or a management of the conducted in:	age 3  ? member of a partnership ization's gaming/special e	Schedule G (i	Yes No Page 3 Yes No Yes No Yes No Yes No	

	Description of services provided ►			
	☐ Director/officer	Employee	☐ Independent contractor	
a b Par	Enter the amount of distributions requi in the organization's own exempt activ to Supplemental Information		utions from the gaming proceeds to	) and (v); and Part
	Return Reference		Explanation	
		•	Schedule G	(Form 990 or 990-EZ) 2018
Ad	ditional Data			Return to Form

**Software ID:** 18007443

**Software Version:** 

efile Public Visual Render ObjectId: 201931339349303233 - Submission: 2019-05-13 Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

TIN: 95-4309251 OMB No. 1545-0047

2018

	ment of the Treasury	► Go to <u>www.irs.gov/For</u>	Attach to Forn m990 for instruct		test information.			to Pub				
	Il Revenue Service me of the organiz	zation			Employ	er identifica		pection umber				
GRA	ACE RESOURCE CEN	NTER INC			95-4309							
Pa	rt I Quest	ions Regarding Compensation			33 1303	.232			_			
1a	Check the appr	ropiate box(es) if the organization prov	ided any of the follo	owing to or for a p	person listed on Form	n		Yes	No			
		Section A, line 1a. Complete Part III to		-	-							
	_	ss or charter travel r companions	_		sidence for personal se of personal reside							
	_	nification and gross-up payments			s or initiation fees	ince						
		nary spending account	Persona	al services (e.g., r	naid, chauffeur, che	f)						
ь	If any of the ho	oxes in line 1a are checked, did the org	anization follow a w	ritten nolicy rega	rding navment or re	imhursemen	t					
-	or provision of	all of the expenses described above? If	"No," complete Par	rt III to explain .			1b					
2	Did the organiz directors, trust	zation require substantiation prior to re sees, officers, including the CEO/Execut	imbursing or allowir ive Director, regardi	ng expenses incur ing the items che	red by all cked in line 1a? .		2					
3	Indicate which,	, if any, of the following the filing organ CEO/Executive Director. Check all that ted organization to establish compensal	ization used to esta	ablish the compen	sation of the							
	_	sation committee dent compensation consultant		employment con nsation survey or								
		0 of other organizations			compensation com	mittee						
4	During the yea	r, did any person listed on Form 990, P	art VII. Section A. li	ine 1a. with respe	ect to the filing orga	nization or a						
	related organiz											
а		rance payment or change-of-control pa					4a		No			
b		or receive payment from, a supplement					4b		No			
С		or receive payment from, an equity-bas of lines 4a-c, list the persons and prov					4c		No			
5	For persons list	3), 501(c)(4), and 501(c)(29) orgated on Form 990, Part VII, Section A, licontingent on the revenues of:										
а	The organization	on?					5a		No			
b		ganization?					5b		No			
6	For persons list	e 5a or 5b, describe in Part III. ted on Form 990, Part VII, Section A, li contingent on the net earnings of:	ne 1a, did the orgar	nization pay or ac	crue any							
а		on?					6a		No			
b	-	ganization?					6b		No			
	If "Yes," on line	e 6a or 6b, describe in Part III.										
7	For persons list payments not of	ted on Form 990, Part VII, Section A, li described in lines 5 and 6? If "Yes," des	ne 1a, did the orgar cribe in Part III .	nization provide a	ny nonfixed		7		No			
8	Were any amou	unts reported on Form 990, Part VII, pa	aid or accured pursu	ant to a contract	that was							
		initial contract exception described in R					8		No			
9		8, did the organization also follow the				ons section	-		INO			
							9					
For I	Paperwork Red	luction Act Notice, see the Instructi	ons for Form 990		Cat. No. 50053T	Schedule	J (Forn	n 990) :	2018			
			Page 2									
			r age 2									
Sche	dule J (Form 990	o) 2018 rs, Directors, Trustees, Key Em	unlawase and Hi	ighast Compa	neated Employe	os Uso du	nlicato	conioc	if addit	ional chaco ic n	oodod	Page
	ach individual w	hose compensation must be reported o	n Schedule J, repor	t compensation fr								
		<ul><li>(ii). Do not list any individuals that are lumns (B)(i)-(iii) for each listed individu</li></ul>			orm 990, Part VII, S	ection A, line	1a, app	plicable o	column (	D) and (E) amou	nts for that indi	vidual.
		(A) Name and Title		(B) Brea	kdown of W-2 and/o	or 1099-MISO	C			(D) Nontaxable		(F)
				(i) Base	compensation (ii)	(iii) Oth	er	and o defe	rred	benefits	columns (B)(i)-(D)	Compensation Column (E
					Bonus & incentive compensation	reportab compensa	le	comper	nsation			reported a deferred on
					compensation	compensa						Form 990
				1	1		ı					
				+								

							Schedule J (Form 990) 2018
			Page 3				
			rage 5				
Schedule J (Form 990 Part III Supple	•	nformation					Page 3
		ion, or descriptions required for Part I, lines 1a, 1b, 3,	4a, 4b, 4c, 5a, 5b, 6a, 6b, 7,	and 8, and for Pa	art II. Also comp	ete this part fo	or any additional information.
Return Re	eference		E	Explanation			
							Schedule J (Form 990) 2018
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(Form 990 or 9	19U-EZ)	Complete to provide inform Form 990 or 990-EZ of				on	2018
Department of the Tre			ch to Form 990 or 9		oi illatioli.		Open to Public
Internal Revenue Ser	vice	▶ Go to <u>www.irs.go</u>	ov/Form990 for the	latest infor	mation.		Inspection
Name of the org					Em	ıployer id	entification number
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Reference							
PART VI LINE 19	NO DO	CUMENTS ARE AVAILABLE TO THE PI	UBLIC.				
For Paperwork Redu	ction Act N	otice, see the Instructions for Form 990 or 990-EZ.	Cat. N	lo. 51056K		S	chedule O (Form 990 or 990-EZ) 2018
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