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

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

2018

Department of the Treasury

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

Open to Public

|                         |             | •   | ► Go to www.irs.gov/Form990 for instructions and the latest information.  |   | Inspection                |
|-------------------------|-------------|---|---|---|---------------------------|
| Ā                       | For th      | e 2018 calend   | far year, or tax year beginning , 2018, and ending  |   | , 20                      |
| В                       | Check if    | applicable  | C Name of organization Read and Feed  | D Er                                    | nployer identification no |
|                         | Address     | change .  | Doing business as   | 20-                                     | -3246207                  |
|                         | Name ch     | nange   | Number and street (or PO box if mail is not delivered to street address) Room/suite   | E Te                                    | lephone number            |
|                         | Initial ret | um  | 193 High House Road   | (91                                     | 19) 538-3840              |
|                         | Final reti  | um/terminated   |   | <b>G</b> Gr                             | oss receipts              |
| Ē                       | Amende      | d return  |   |   | 420,430                   |
| Ē                       | Applicati   | on pendina  |   |   |                           |
| _                       |             | The chart of applicable divides changed in the company of the policy of the company of the comp |   |   |                           |
| $\overline{}$           | Tax-exer    | not status X  |   |   |                           |
| <br>J                   |             |   |   |   |                           |
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|                         | art I       |   |   | or legal domi                           | iche NC                   |
|                         | <del></del> | <del></del>   |   | on lite                                 | racy chille               |
|                         | '           |   |   |   | Tacy Skills               |
| ည                       |             |   |   | <u>.uring</u>                           |                           |
| па                      |             | nergimor  | nood envilonment.   |   |                           |
| Activities & Governance | ,           | Check this h  | ov D If the organization discontinued its operations or disposed of more than 25% of its not assets                               | <del></del>                             |                           |
| ဗွ                      |             |   |   | 3                                       | 17                        |
| <b>∞</b> 5              |             |   |   | <del></del>                             | 17                        |
| ţį                      | 1 _         |   |   |   | 17                        |
| Ξ                       | 1 _         |   |   | <del></del>                             | 8                         |
| Ä                       | - !         |   | •   |   | 575                       |
|                         |             |   |   | <del> </del>                            | 0                         |
|                         |             | ivet uniterated   |   | - 'B                                    | 0                         |
|                         | ٩           | Contributions   |   | 260                                     | Current Year              |
| <u>a</u>                |             |   |   | ,200                                    | 384,688                   |
| Pun                     | 10          |   |   | 006                                     | 1 005                     |
| Revenue                 | 10          |   | •   |   | 1,095                     |
| œ                       |             |   |   |   | (12,106                   |
|                         |             |   |   | , 553                                   | 373,677                   |
|                         | 1           |   |   |   | 0                         |
|                         | 1           |   | <del></del>   | 272                                     | 173,839                   |
| es                      | 163         |   | <del></del>   | ,3/3                                    |                           |
| Expenses                | 100         |   |   |   | 0                         |
| Ž.                      | 17          |   |   | 400                                     | 240 100                   |
| ш                       | 110         | Total expens  | as Add lines 13 17 (must equal Part IV column (A) line 350  |   | 249,100                   |
|                         | 10          | Povenue les   | s expenses. Subtract line 18 from line 13   |   | 422,939<br>(49,262        |
|                         | <u> </u>    | Trevenue les  | s expenses Subtract line to non-line 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   | •                         |
| Net Assets or           | ຼື          | Total assets  |   |   | End of Year<br>667,946    |
| essi                    | E 21        |   | (a)   |   |                           |
| et A                    | 5 2         |   | Call  | *************************************** | 15,145                    |
|                         |             |   |   | ,3/0                                    | 652,801                   |
| Lind                    | ler nenelt  | ies of perium tries   | have that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and helief | .it is                                  |                           |
| true                    | , correct,  | and complete. De  | claration of preparer (other than officer) is based on all information of which preparer has any knowledge                        | -                                       | ·-··                      |
|                         |             | \ O   | Ramerun Mulen   | 101-                                    | 14-2019                   |
| Sig                     | jn          | Signatur  | e of officer  |   | 1 00 1                    |
| He                      | re          |   |   |   |                           |
|                         | -           | Type or   | print name and title  |   |                           |
|                         |             | Pfi@Type pre  |   | if PTIN                                 |                           |
| Pai                     | id          | Mark Da   | M · V C D · · · · · · · · · · · · · · · · · ·   |   | 01321736                  |
|                         | epare       |   |   |   |                           |
|                         | e Onl       |   |   | 6-1061                                  | 200]                      |
|                         |             | J I IIII S AUUI 85  |   | 19-452-                                 | 1999                      |
| Mav                     | the IR      | S discuss this  | return with the preparer shown above? (see instructions)  |   | · 🛛 Yes 🗌 No              |
| : .                     |             |   | ,   |   |                           |

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|------|--|
|      | rt III Statement of Program Service Accomplishments  |
|      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1    | Briefly describe the organization's mission  |
|      | Our mission is to strengthen literacy skills among under-served elementary school children,  |
|      | and provide meals in a nurturing neighborhood environment.   |
|      |  |
|      | D. H. C.   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
|      | If "Yes," describe these new services on Schedule O  |
| 3    | ,  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                           |
|      | If "Yes," describe these changes on Schedule O.  |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by             |
| •    | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,          |
|      | the total expenses, and revenue, if any, for each program service reported   |
|      |  |
| 4a   | (Code) (Expenses \$331,524 including grants of \$) (Revenue \$)  |
|      | With three mobile classrooms and partnerships with other nonprofit organizations, Read and   |
|      | Feed served approximately 650 children in 2018. We provide a nutritious meal, reading  |
|      | tutoring and age appropriate books at no charge to all of the children attending the program.  |
|      | In return, we ask for their commitment to attend the entire program and be participants. In  |
|      | 2018, we distributed over 33,000 books through our program, building first time libraries at   |
|      | home for many of the children.   |
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| 4b   | (Code) (Expenses \$ including grants of \$) (Revenue \$)   |
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| 4c   | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| •    | / (Experied #)   |
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| 4d   | Other program services (Describe in Schedule O.)   |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e   | Total program service expenses ► 331,524   |

Form 990 (2018), Read and Feed

Part IV Checklist of Required Schedules

|      |   |          | V   |                |
|------|---|----------|-----|----------------|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1        | Yes | No             |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                 | 2        | X   |                |
| 3    | 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   | 3        |     | х              |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                     | <u> </u> |     |                |
| 7    | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4        |     | x              |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                      | -        |     | _^_            |
| 3    |   | 5        |     | <sub>v</sub> , |
| 6    | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                    |          |     | <u> X</u>      |
| 0    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                           |          |     |                |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                       | _        |     | .,             |
| _    | "Yes," complete Schedule D, Part I  | 6        |     | X              |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         | _        | •   | ۱              |
| _    | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7        |     | X              |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"               |          |     |                |
|      | complete Schedule D, Part III   | 8        |     | X              |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                   |          |     |                |
|      | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or                      |          |     |                |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9        |     | X              |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted                           |          |     |                |
|      | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·  | 10       |     | X              |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                      |          |     |                |
|      | VII, VIII, IX, or X as applicable   |          |     |                |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                            |          |     |                |
|      | complete Schedule D, Part VI  | 11a      | X   |                |
| b    | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more                    |          |     |                |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |     | X              |
| С    | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more                     |          |     |                |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      | •   | X              |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets                  |          |     |                |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d      |     | Х              |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X             | 11e      |     | Х              |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses           |          |     |                |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f      |     | Х              |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete               |          |     |                |
|      | Schedule D, Parts XI and XII  | 12a      |     | Х              |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If                      |          |     |                |
|      | "Yes," and if the organization answored "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                | 12b      |     | Χ              |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                 | 13       |     | X              |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?                                       | 14a      |     | X              |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                                  |          |     |                |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate                         |          |     |                |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                    | 14b      |     | Х              |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                 |          |     |                |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15       |     | Х              |
| 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       |     | Х              |
| 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       |     | Х              |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                       | -''-     |     |                |
| .0   |   | 40       | Х   |                |
| 10   | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       | _^_ |                |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                      | امرا     |     | v              |
| 20 - | If "Yes," complete Schedule G, Part III   | 19       |     | X              |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a      |     | X              |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b      |     |                |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       | ا ر      |     | 17             |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                 | 21       |     | <u>X</u>       |

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|------------|--|-------------|------|------------------|
| Pa         | rt IV Checklist of Required Schedules (continued)  |             | ,    |                  |
|            |  |             | Yes  | No               |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |             |      |                  |
|            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22          |      | X                |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                |             |      |                  |
|            | organization's current and former officers, directors, trustees, key employees, and highest compensated            |             |      |                  |
|            | employees? If "Yes," complete Schedule J   | 23          |      | X                |
| 24a        |  | 1           |      |                  |
|            | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b      | 1           |      |                  |
|            | through 24d and complete Schedule K. If "No," go to line 25a   | 24a         |      | X                |
| 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         |      | X                |
| 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         |      | Х                |
| 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                  |             |      | l                |
|            | disqualified persons? If "Yes," complete Schedule L, Part II   | 26          |      | Х                |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,           | 1           |      |                  |
|            | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled            |             |      | ĺ                |
|            | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                           | 27          |      | X                |
| 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         |      | Х                |
| b          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete             |             |      |                  |
|            | Schedule L, Part IV  | 28b         | l l  | Х                |
| 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         |      | Х                |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M           | 29          | Х    |                  |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |             |      |                  |
|            | conservation contributions? If "Yes," complete Schedule M  | 30          |      | X                |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31          |      | Х                |
| 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          |      | X                |
| 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          |      | Х                |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |             |      |                  |
|            | or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·  | 34          |      | Х                |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a         |      | Х                |
| 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         |      | l                |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |             |      |                  |
|            | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36          |      | х                |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |             |      | _ <del></del>    |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       | 37          |      | х                |
| ,<br>38    | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         | <del></del> |      | <del>- 1``</del> |
| J <b>U</b> | 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O  | 38          | x    | l                |
| Par        |  | 1 30        | L-^} | <del></del>      |
|            | Check if Schedule O contains a response or note to any line in this Part V   |             |      | $\Box$           |
|            | Chest in Concount C Contains a response of note to any line in this fait v   | ••••        | Yes  | No               |
| 4~         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       |             | 162  | 140              |
| 1a         |  | 1           |      | l                |
| b          |  | 1           |      | l                |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and                   |             | "    |                  |
|            | reportable gaming (gambling) winnings to prize winners?  | 1c          | Х    |                  |

| Eart W Statements Regarding Other IRS Fillings and Tax Compliance (continued)  7   | Form     | 1 990 (2018) Read and Feed 20-32462  | 207            | F               | Page 5        |
|--|----------|--|----------------|-----------------|---------------|
| 2a Elar the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Elife of the Calendary are anding with or within the year ownered by this return.  2 B  b I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did The State I filed a Form 390-T for this year? If TNO fol ine 3b, provide an explanation in Schedule O  3c A Hany time during the calendary sey, did the organization have an interest in, or a signature or chief authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  5c Elevations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevation filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevation filing filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Elevation filing filing requirements for filing fil   | Pa       | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)   | · · · ·        |                 |               |
| Statements, filed for the calendar year ending with or within the year covered by this return  by If at least one is reported on the 2a, did the organization file all required federal employment tax ratures?  5 b X  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)  5 b If "Yes," has at filed a Form 990-T for the year? If "No" to line 30, provide an explanation in Schedule O  5 b If "Yes," has at filed a Form 990-T for the year? If "No" to line 30, provide an explanation in Schedule O  5 b If "Yes," that is the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 a Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year?  5 a Was the organization aparty to a prohibeted tax shelter transaction at any time during the tax year?  5 a Was the organization have amountal gloss receipts that are normally greater than \$100,000, and of the organization have a minuted very a prohibete tax shelter transaction?  6 a X  6 b If "Yes," cited the organization file Form 888-17  6 c If "Yes to line 6 ar 05s, did the organization file Form 888-17  6 c If "Yes to line 6 ar 05s, did the organization file Form 888-17  6 c If "Yes to line 6 ar 05s, did the organization file Form 888-17  6 d If "Yes," and the organization receive a payment in excess of 375 made party as a contributions or gifts were not tax deductible?  6 d If "Yes," and the organization file Form 888-17  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," and the organization that may receive deductible organization file promises a statement that such contributions or gifts were not tax deductible?  9 b If "Yes," and the organization file payor?  10 c If  |          |  |                | Yes             | No            |
| b if a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum off lans is and 2a is greater than 250, you may be required to -80, leep emplaced in the sum off lans is and 2a is greater than 250, you may be required to -80, leep emplaced on the sum of lans is and 2a is greater than 250, you may be required to -80, leep emplaced on 2 in 18  | 2a       |  |                |                 |               |
| Note. If the sum of lines 14 and 24 is greater than 250, you may be required to a-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 390-T for this year? If "No" to line 36, provide an explanation in Schedule 0  All Alary 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 bark account, securities account, or other financial account)?  All If "Yes," either the name of the foreign country  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the organization file Form 8888-17  See instructions for the organization file Form 8888-17  See instruction of the organization file Form 8888-17  See instruction of the organization file Form 8889 as the start formation or grift swere not tox deductable?  Organizations that may receive deductable contributions under section 170(c).  If "Yes," and de organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," and de organization foreign the payor  |          | <u> </u>   | 4              |                 |               |
| 3a Did the organization have unrelated business gross income of \$1,000 or more duming the year?  3b If "Yes," has if field a form 9007-1 for the year If I'N' to line 3b, provide an explanation in Schedule O  3b January time during the celeridar 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, accurities account, or other financial account)?  4a I x y time during the celeridar year, did the organization for from 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization is partly to a prohibited tax shelter transaction at any time during the tax year?  5a I Yes in the 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b I Yes, "did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization because the second to the second to the comparization of the organization shell are payment in excess of \$75 made partly as a contributions?  6a X  5b If Yes, "did the organization indude with every solicitation an express statement that such contributions or gifts were not tex deductable and services provided to the payor?  5c July I Yes, "did the organization morthly the donor of the value of the goods or services provided?  5c Did the organization excess a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5d If Yes, "did the organization industry the did not of the value of the goods or services provided?  5d If Yes, "did the organization entry the did not of the value of the goods or services provided?  5d If Yes, "did the organization or divised the provided or services provided?  7d If Yes, "did the organization or divised the payment in excess of \$75 made partly as a contribution and partly for year and services provided to the payor?  7d If Y   | Ь        |  | 2b             | X               | ļ             |
| b II "Yes," has it filled a Form 890-T for this year? If "No! to lime 3b, provide an explanation in Schedule O  A At any time dumying the calendary year, dit the origination have an interest in, or a signification of the form state of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  Sa Was the organization a party to a profilebel tax shelter transaction at any time during the tax year?  5a W X  Did any taxable party notify the organization file Form 888-T?  5b Did any taxable party notify the organization file Form 888-T?  5c Does the organization aparty to a profilebel tax shelter transaction at any time during the tax year?  5c Does the organization solicit any contributions file that are normally greater than \$100,000, and did the organization that was most tax deductable as charitable contributions?  6c Does the organization that may receive deductible contributions under section 176(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Degranizations that may receive deductible contributions under section 176(c).  Did the organization nortify the donor of the value of the goods or services provided?  7c A X  If "Yes," rid did the organization nortify the donor of the value of the goods or services provided?  7d Did the organization nortify the donor of invalue of the goods or services provided?  7e Life Form \$2828 filed during the year  7equired to 16 Form \$2828 filed during the year  7equired to 16 Form \$2828 filed during the year  8 Did the organization received a contribution of qualitied mellectual property of the organization file Form 891 are quality of the organization new york of the goods of services provided the organization file  |          | •  |                |                 | - <del></del> |
| 4a A any time during the calendar year, did the organization have an interest in, or a signature or other fundhority over, a financial account in a foreign countly \$\ \text{Loss}\$ in \$\ \text{Loss}\$ in \$\ \text{Loss}\$, either this name of the foreign countly \$\ \text{Loss}\$ see instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax sheller fransaction \$\ \text{Loss}\$ but any taxable party notify the organization that it was or is a party to a prohibited tax sheller fransaction? \$\ \text{Loss}\$ but \$\ \text{Loss}\$ to 1"Yes" to line \$\ \text{Loss}\$ or \$\ \text{Loss}\$ or \$\ \text{Loss}\$ the organization aparty to a prohibited tax sheller fransaction? \$\ \text{Loss}\$ but \$\ \text{Loss}\$ in \$\ \text{Loss}\$ to 1"Yes" to line \$\ \text{Loss}\$ or \$\ \text{Loss}\$ or \$\ \text{Loss}\$ the organization in the organization from 8867-7 \$\ \text{Loss}\$ but \$\ \text{Loss}\$ in \$\ \text{Loss}\$ and several solutions is the were not tax deductible? \$\ \text{Loss}\$ in \$\ \text{Loss}\$ in \$\ \text{Loss}\$ in \$\ \text{Loss}\$ and several solutions of the value of the repair and the several solutions or eceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the paper? \$\ \text{Loss}\$ but the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the paper? \$\ \text{Loss}\$ but the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the paper? \$\ \text{Loss}\$ but the organization neceive any funds, directly or indirectly, but the payment of \$\ \text{Loss}\$ in \$\ \t |          |  |                |                 | X             |
| a financeal account in a foreign country (such as a bank account, securities account, or other financial account)?  4  |          |  | 3D             |                 |               |
| b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5a  | 4a       |  |                |                 | , ,           |
| 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 sheller transaction?  by Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  by Did any taxable party notify the organization file Form 8886-17  cit "Yes" to line Sa or 5b, did the organization file Form 8886-17  Corganization solucit any contributions that were not tax deductible as chantable contributions?  cit "Yes" to line Sa or 5b, did the organization file Form 8886-17  Corganization shelf than module with every edicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  Did the organization receive a payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor?  by If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b X X  by If "Yes," indicate the number of Forms 8282 filled during the year required to life Form 8282?  did If "Yes," indicate the number of Forms 8282 filled during the year  could be organization received a contribution of qualified intellectual property, of the organization file Form 8282?  did the organization received a contribution of qualified intellectual property, of the organization file Form 8289 as required?  file the organization received a contribution of qualified intellectual property, of the organization file Form 8399 as required?  file the organization received a contribution of qualified intellectual property, of the organization file Form 8399 as required?  file the organization received a contribution of qualified intellectual property, of the organization file Form 8399 as required?  file to granization received a contribution of qualified intellectual property, of the organization file Form 8399 as required?  Sponsoring organization seed sold solds, and pales, or form vehicles, did t  |          | -  |                |                 | _ <u> </u>    |
| Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  53   Sb   X    54   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  56   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solical any contributions that were not tax deductible as chantable contributions?  56   X    57   Organization she annual gross receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contributions or gifts were not tax deductible?  70   Organization she transparent in excess of \$75 made party as a contribution and party for goods and services provided by the payor?  71   Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided by the donor of the value of the goods or services provided?  71   Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided by the gross provided gros   | D        |  | 1              |                 |               |
| b Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, dif the organization file Form 8866-T?  Boes the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  Sa If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To the organization received an contribution of qualified intellectual property, did the organization free form 8282?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  To the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distribution or under section 4966?  Did the sponsoring organization  | <b>.</b> |  |                |                 | <del></del> - |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 60 Does the organization soloit any contributions that were not tax deductible as chantable contributions? 61 Pres, "did the organization include with every solicition an express statement that such contributions or girts were not tax deductible? 62 Organizations that may receive deductible contributions under section 170(c). 63 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 64 Did the organization notify the donor of the value of the goods or services provided? 75 Did the organization notify the donor of the value of the goods or services provided? 76 Did the organization notify the donor of the value of the goods or services provided? 77 Did the organization of the payor? 78 X 79 Did the organization of the payor? 79 Did the organization notify the donor of the value of the goods or services provided? 79 Did the organization necesve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 71 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 72 Payor of the organization during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 74 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 75 Did the organization cheven at year deviced funds. 76 Sponsoring organization ender and valued funds. 77 Did the organization feed the thing and the payor organization file of the payor organization file organization feed to solition or divised funds. 87 Sponsoring organization make any taxable distributions under section 4968? 89 Did the sponsoring organization make any taxable distributions under section 4968? 90 Did the sponsoring  | _        |  |                | -               |               |
| Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solut any contributions that were not tax deductible as chariable contributions?  b  |          |  |                |                 |               |
| organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such continutions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a  | _        | ·  | 30             | <b></b>         | <u> </u>      |
| b if "Wes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file form \$222?  d if "Yes," indicate the number of Forms \$222 filed during the year required to file form \$222?  d if "Yes," indicate the number of Forms \$222 filed during the year and the organization received and until the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7   | оa       |  | 60             |                 | ,             |
| grifs were not tax deductible? Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Tax X  If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? To but the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization, during the year, pay premiums, directly or indirectly, to na personal benefit contract? To but the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To but the organization received a contribution of cass, beats, anglaines, or other valueds, did the organization file Form 8899 as required? To but the organization received a contribution of cass, beats, anglaines, or other valueds, did the organization file a Form 1094-C? This is approximated to the organization and any services of the organization file a Form 1094-C? This is approximated to the payor organization with any travable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part Vill, line 12 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part Vill, line 12 Section 501(c)(7) organizations. Enter: Section 501(c)(7) organizations. Enter: Section 501(c)(7) organizations. Enter: Section 501(c)(7) organizations. If yes, "enter the amount of tracevempt i  |          | )  | Oa             |                 | _^_           |
| 7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If X  7 If Wes," if the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If Wes, a support organization acontribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If X  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 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make a distribution sunder section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  6 Gross income from members or shareholders  6 Gross income from members or shareholders  8 Gross income from members or shareholders  9 Section 501(c)(12) organizations. Enter  10 Gross income from other sources (Do not eat amounts due or paid to other sources  2 against amounts due or received from them)  12a Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not eat amounts due or paid to other sources  a It "Yes," the first the  | D        |  | e L            |                 |               |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a X  b If "Yes," idd the organization notify the donor of the value of the goods or services provided?  7b X  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1f "Yes," indicate the number of Forms 8282 filed during the year  2 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c X  1f "Yes," indicate the number of Forms 8282 filed during the year  2 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 d X  7 d X  1f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  2 f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  3 ponsoring 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?  3 ponsoring organization have excess business holdings at any time during the year?  4 p Sponsoring organization make any texable distributions under section 4966?  5 p Sponsoring organization make any texable distributions under section 4966?  5 p Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIIII, line 12  1 p Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIIII, line 12  5 p Section 501(c)(12) organizations. Enter  6 Gross income from other sources (Do not net amounts due or paid to other sources (Do not net amounts due or paid to other sources (Do not net amounts   | 7        |  | - 6D           |                 |               |
| and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7b X  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  d if the organization receive any funds, directly or indirectly, on a personal benefit contract?  7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f If X  8 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 8899 as required?  7f X  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organization have excess business holdings at any time during the year?  8 X  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  9 Gross income from members or shareholders  11 Did  12 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  11 Did  12 Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization incensed to issue qualified health plans in more than one state?  13 Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization incensed to issue qualified health plans in more than one state?  b If "Yes," has if fil   |          | •  |                |                 |               |
| b If "Yes," did the organization notify the donor of the value of the goods or services prowided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   | a        |  | 72             | - <del></del> - |               |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "ves," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g X  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g X  Sponsoring organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as required?  7g X  Sponsoring organization make and standary funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distribution under section 4966?  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  If "ves," enter the amount of the very thin the part of the part   |          | · · · · · · · · · · · · · · · · · · ·  |                | _               | <u> </u>      |
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| d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e   | C        |  | 70             |                 | v             |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 but the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 but the organization review a contribution of qualified intellectual property, did the organization from 899 as required?  7 but the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?  7 but the organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?  8 but the sponsoring organization make any taxable distributions under section 4966?  9 but the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 but the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  but the sponsoring organizations. Enter:  a Gross income from members or shareholders  10 Section 501(c)(1)2 organizations. Enter  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 Section 501(c)(2)9 qualified nonprofit health insurance issuers  13 Section 501(c)(2)9 qualified nonprofit health insurance issuers  14 Section 501(c)(2)9 qualified nonprofit health insurance issuers  15 Section 501(c)(2)9 qualified nonprofit health plans in more than one state?  16 Inter the amount of reserves on hand  17 Section 501(c)(2)9 qualified health plans in more than one state?  18 In the organization is leensed to issue qualified health plans in more than one state?  19 Section 501(c)(2)9 qualified nonprofit health insurance issuers  19 Section 501(c)(2)9 qualified nonprofit he   | 4        |  | <del>'</del> ' |                 | Α.            |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g X  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization included on Part VIII, line 12  10 Did section 501(c)(7) organizations. Enter  11 Did Section 501(c)(17) organizations. Enter  12 Did Gross income from members or shareholders  11 Did Section 501(c)(12) organizations. Enter  12 Did If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12 Did If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  14 Is the organization licensed to issue qualified health plans in more than one state?  15 If "Yes," enter the amount of reserves on hand  16 Did the organization receive any payments for indoor tanning services during the tax year?  18 Did the organization receive any payments for indoor tanning services during the tax year?  19 Did the organization receive any payments for indoor tanning services dur   |          |  | 70             |                 | Y             |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g X  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h X  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 X  Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  10 Initiation fees and capital contributions included on Part VIII, line 12  10 Section 501(c)(7) organizations. Enter:  11 Section 501(c)(12) organizations. Enter:  12 Gross income from members or shareholders  13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  14 Section 501(c)(12) organizations. Enter the amount of the excempt interest received or accrued during the year.  15 Section 501(c)(12) organizations interest received or accrued during the year.  16 If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  17 Section 501(c)(129) qualified nonprofit health insurance issuers.  18 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.  18 Enter the amount of reserves on hand  19 Did the organization receive any payments for indoor tanning services during the tax year?  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  19 If "Yes," has it filed a Form 4720,  | _        |  |                |                 |               |
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| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  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  Gross income from members or shareholders  Gross income from dither 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?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year  If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X   |          |  | -02            |                 | X             |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12  |          |  |                |                 |               |
| a Intiation fees and capital contributions included on Part VIII, line 12  |          |  | 36             |                 | - 41          |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |  |                |                 |               |
| 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13 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.  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  Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N  18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  |          | · · · · · · · · · · · · · · · · · · ·  | 1              |                 |               |
| a 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)  |          |  |                |                 |               |
| against amounts due or received from them)   |          | <del></del>  | 1              |                 |               |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12a      |  | 12a            |                 |               |
| Section 501(c)(29) qualified nonprofit health insurance issuers.  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.  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  Enter the amount of reserves on hand  Indication is licensed to issue qualified health plans  Indication is licensed to issue qu   |          |  |                |                 |               |
| ls 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.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year  If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  13a  13a  13a  13a  13b  13b  13b  13c  14a  X  X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year  If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  |          |  |                |                 |               |
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| the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year  15 If "Yes," see instructions and file Form 4720, Schedule N  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  17b  18c  19a  19a  19a  19a  19a  19a  19a  19  | ь        |  |                |                 |               |
| c Enter the amount of reserves on hand   | _        |  |                |                 |               |
| Did the organization receive any payments for indoor tanning services during the tax year?   | С        |  | 1              |                 |               |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |          | <b>L</b>   | 14a            |                 | X             |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year   |          |  |                |                 | - <del></del> |
| excess parachute payment(s) during the year  |          |  |                |                 |               |
| If "Yes," see instructions and file Form 4720, Schedule N  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | _        |  | 15             |                 | Х             |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   |          |  | <u> </u>       |                 |               |
| · · · · · · · · · · · · · · · · · · ·  | 16       |  | 16             |                 | X             |
|  | _        | · · · · · · · · · · · · · · · · · · ·  |                |                 |               |

| Pa  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a                               | "No" |               |                          |
|-----|---|------|---------------|--------------------------|
|     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.           |      |               | _                        |
|     | Check if Schedule O contains a response or note to any line in this Part VI   |      |               | • X                      |
| Sec | ction A. Governing Body and Management  |      |               |                          |
|     |   |      | Yes           | No                       |
| 1a  | Enter the number of voting membors of the governing body at the end of the tax year   |      |               |                          |
|     | If there are material differences in voting rights among members of the governing body, or  | 1 .  |               |                          |
|     | 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  | ١,   |               |                          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |      |               |                          |
| -   | any other officer, director, trustee, or key employee?  | 2    | Х             |                          |
| •   |   |      |               | ├                        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct                           |      |               | ,                        |
| _   | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3    |               | X                        |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4    |               | X                        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5    |               | X                        |
| 6   | Did the organization have members or stockholders?  | 6    |               | X                        |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                             |      |               |                          |
|     | one or more members of the governing body?  | 7a   |               | X                        |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |      |               |                          |
|     | stockholders, or persons other than the governing body?   | 7b   |               | X                        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during                              |      |               |                          |
|     | the year by the following   |      |               | 1 1                      |
| а   | The governing body?   | 8a   | X             | ļ <del></del>            |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b   | Х             |                          |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |      |               |                          |
| _   | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9    |               | Х                        |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)                    |      |               |                          |
|     | The state of this occition by requeste information about policies not required by the information to come occition                  |      | Yes           | No.                      |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a  | 103           | X                        |
| _   |   | 104  |               |                          |
| Ь   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      | 401  |               |                          |
|     | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b  | 7.7           |                          |
| 11a | Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?         | 11a  | Х             | <del>           </del> , |
| ь   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |      | <del></del> - |                          |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | _12a | X             | <b>├</b> —               |
| b   | Were officers, directors, or trustoes, and koy employees required to disclose annually interests that could give rise to conflicts? | 12b  | _X_           | Ь—                       |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |      |               |                          |
|     | describe in Schedule O how this was done  | 12c  | <u>X</u>      | <u> </u>                 |
| 13  | Did the organization have a written whistleblower policy?   | 13   | X             |                          |
| 14  | Did the organization have a written document retention and destruction policy?  | 14   | Χ             |                          |
| 15  | Did the process for determining compensation of the following persons include a review and approval by                              |      |               |                          |
|     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |      |               |                          |
| а   | The organization's CEO, Executive Director, or top management official  | 15a  | X             |                          |
| b   | Other officers or key employees of the organization   | 15b  |               | X                        |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |      |               |                          |
| 16a |   |      |               |                          |
|     | with a taxable entity during the year?  | 16a  |               | X                        |
| ь   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      | 100  |               | <del></del> -            |
| _   | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |      |               |                          |
|     |   | 46b  | ~             |                          |
| 500 | organization's exempt status with respect to such arrangements?   | 16b  |               | —                        |
|     |   |      |               |                          |
| 17  | List the states with which a copy of this Form 990 is required to be filed  |      |               |                          |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)         |      |               |                          |
|     | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply                             |      |               |                          |
|     | Own website Another's website Upon request Other (explain in Schedule O)  |      |               |                          |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     |      |               |                          |
|     | financial statements available to the public during the tax year.   |      |               |                          |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |      |               |                          |
|     | Katherine Mullan (919) 538-3840, 193 High House Road, Cary, NC 27511  |      |               |                          |
|     |   |      |               |                          |

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Read and Feed

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

|                                   |  |                                 |                       | (       | C)           |                              |        |   |  |  |
|-----------------------------------|--|---------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A)<br>Name and Title             | (B)<br>Average<br>hours per<br>week (list any                  | officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from | (E) Reportable compensation from related | (F) Estimated amount of other  |
|                                   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| 1) Lisa Malmberg Director         | 2.00_  | х                               |                       |         |              |                              |        | 0   | 0  |  |
| (2) Pamela Meek<br>President      | 3.00_  | Х                               |                       | х       |              |                              |        | 0   |  | ,  |
| (3) James Stem Secretary          | 3.00_  | Х                               |                       | Х       |              |                              |        | 0   |  |  |
| 4) Liz Prue<br>Director           | 2.00_  | Х                               |                       |         |              |                              |        | 0   |  |  |
| (5) Calvin Stevens Director       | 2.00_  | Х                               |                       |         |              |                              |        | 0   | 0  | 1  |
| 6) Jan Frantz Director            | 2.00_  | Х                               |                       |         |              |                              |        | 0   | 0  |  |
| 7) Larry Swaney Director          | 2.00_  | Х                               |                       |         |              |                              |        | 0   | . 0                                      |  |
| 8) Anuja Acharya<br>Director      | 2.00   | Х                               |                       |         |              |                              |        | 0   | 0  | ,,,,   |
| 9) Kathryn Raymond<br>Treasurer   | 3.00_  | Х                               |                       | Х       |              |                              |        | 0   | 0  | ,                                  |
| (10)Mike Owens Director           | 2.00_  | Х                               |                       |         |              |                              |        | 0   | 0  |  |
| 11)Benjamin Swaney Director       | 2.00_  | Х                               |                       |         |              |                              |        | 0   | 0  |  |
| 12)Tina Vrabel Vice President     | 2.00_  | Х                               |                       | Х       |              |                              |        | 0   | 0  |  |
| 13)Greg Rideout Director          | 2.00_  | Х                               |                       |         |              |                              |        | 0   |  |  |
| (14)Christopher Meredith Director | 2.00_  | Х                               |                       |         |              |                              |        | 0   |  |  |

| (A) Name and title  | (B) Average hours per week (list any                           | box, office                       | unless<br>er and      | a dire    | tion<br>ore th<br>on is<br>ector/t | an one<br>both an<br>rustee) |           | (D) Reportable compensation from       | (E) Reportable compensation from related |           | (F)<br>Estimate<br>amount o<br>other                       | of              |
|---|--|-----------------------------------|-----------------------|-----------|------------------------------------|------------------------------|-----------|--|--|-----------|--|-----------------|
|   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer   | Key employee                       | Highest compensated employee | Former    | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | o<br>á    | mpensa<br>from the<br>rganizati<br>and relate<br>ganizatio | e<br>ion<br>ied |
| (15)Sue Stevens Director  | 2.00   | х                                 |                       |           |                                    |                              |           | 0                                      | 0  |           |  | 0               |
| (16)Doug_ShortDirector  | <u>2</u> .00_  | Х                                 |                       |           |                                    |                              |           | 0                                      | 0  |           |  | 0               |
| (17)Kristin Walker Director   | 2.00   | Х                                 |                       |           |                                    |                              |           | 0                                      | 0  |           |  | 0               |
| (18)Diana Bernas Director   | 2.00   | Х                                 |                       |           |                                    |                              |           | 0                                      | 0  |           |  | 0               |
| (19)Margo Stutesman Director  | 2.00_  | Х                                 |                       |           |                                    |                              |           | 0                                      | 0  |           |  | 0               |
| (20)Katherine Mullan Executive Director   | 40.00  |                                   |                       | Х         |                                    |                              |           | 61,696                                 |  |           |  | 0               |
| (21)  |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| (22)  |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| (23)  |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| (24)  |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| (25)  |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| 1b Sub-total  |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| d Total (add lines 1b and 1c)   |  |                                   |                       |           |                                    | $\overline{}$                |           | <b>61,696</b> than \$100,000 of        | 0  | 1         |  | 0               |
| reportable compensation from the organization   | ······································                         |                                   |                       |           |                                    |                              |           |  | 0  | ·- ······ | Yes  | No              |
| 3 Did the organization list any former officor, director,<br>employee on line 1a? If "Yes," complete Schedule J | · ·  | •                                 |                       | -         | _                                  | •                            | •         | ensated                                |  | 3         |  | Х               |
| 4 For any individual listed on line 1a, is the sum of reporganization and related organizations greater than    |  |                                   |                       |           |                                    |                              |           |  |  |           |  |                 |
| <ul><li>Individual</li></ul>  |  |                                   |                       | <br>ınrel | <br>ated                           | organ                        | <br>ızatı | on or individual                       |  | 4         |  | X               |
| for services rendered to the organization? <i>If "Yes," o</i> Section B. Independent Contractors                | complete Sch   | edule                             | J for                 | suc       | h pe                               | rson                         |           | • • • • • • • •                        |  | 5         | _  | Х               |
| Complete this table for your five highest compensate compensation from the organization. Report compe           | -  |                                   |                       |           |                                    |                              |           |  |  |           | <del></del>  |                 |
| year (A)  |  |                                   |                       |           |                                    |                              |           | (B)                                    |  |           | (C)  |                 |
| Name and business address   |  |                                   |                       | · ·       |                                    |                              |           | Description of s                       | ervices                                  | Com       | pensatio   | חנ              |
|   |  |                                   |                       |           |                                    |                              |           | <u> </u>                               |  |           |  |                 |
|   |  |                                   | _                     |           |                                    |                              |           |  |  |           |  |                 |

received more than \$100,000 of compensation from the organization

|   |  | Check if Schedule O contains  | a response     | or no | ote to any line in thi                | s Part VIII          |  |   |   |
|---|--|---|----------------|-------|---------------------------------------|----------------------|--|---|---|
|   |  |   | -              |       |                                       | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D)  Revenue excluded from tax under sections 512-514 |
| y2 y2   | 1a   | Federated campaigns   |                | 1a    |                                       |                      |  |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b  | Membership dues   |                | 1b    |                                       |                      |  |   |   |
| 5 €   | С  | Fundraising events  | [              | 1c    | 70,655                                |                      |  |   |   |
| ifts<br>ar A  | d  | Related organizations · · · ·   | [              | 1d    | 1                                     |                      |  |   | -   |
| S,E   | e  |   | _              | 1e    |                                       |                      |  |   | ļ   |
| อีเร  | f  |   |                |       |                                       |                      |  |   |   |
| at se   |  | and similar amounts not include   |                | 1f    | 314,033                               |                      |  |   |   |
| <u> </u>  | g  | A   |                |       | 114,419                               |                      |  |   |   |
| ဗို ဗို   | h  |   |                | •     |                                       | 384,688              |  |   |   |
|   | <del>                                     </del> |   |                |       | Business Code                         | 304,000              |  |   | † · · · · · · · · · · · · · · · · · · ·               |
| 92  | 2a   |   |                |       | Dasmess code                          |                      |  |   |   |
| Program Service Revenue                                   | ь  |   |                |       |                                       |                      |  |   |   |
| ož<br>e   | c  |   |                |       |                                       | <del></del>          |  |   | ···   |
| 울   | ٦  |   |                | _     |                                       |                      |  |   |   |
| s .   | "  |   | <del></del>    | -     |                                       |                      |  |   |   |
| gran  | e  | All about the second of the sec |                |       |                                       | <del></del>          |  |   | · · · · · · · · · · · · · · · · · · ·                 |
| P   |  | All other program service revenu  |                |       |                                       |                      |  |   |   |
|   | g  | Total. Add lines 2a-2f · · · ·  |                |       | • • • • • •                           |                      |  | ·····                                   | ļ   |
|   | 3  | Investment income (including div  |                |       |                                       |                      |  |   |   |
|   |  | and other similar amounts)  |                |       |                                       | 1,095                |  |   | 1,095   |
|   | 4  | Income from investment of tax-ex  |                |       |                                       |                      |  |   |   |
|   | 5  | Royalties   | <u></u>        | • •   |                                       |                      |  |   |   |
|   |  | <u>L</u>  | (i) Real_      |       | (a) Personal                          |                      |  |   |   |
|   | 6a   | Gross rents   |                |       |                                       |                      |  |   | 1   |
|   | b  | Less rental expenses  |                |       |                                       |                      | !                                      |   |   |
|   | C  | Rental income or (loss) · · ·   |                |       |                                       |                      |  |   |   |
|   | d  | Net rental income or (loss)   |                |       |                                       |                      |  |   |   |
|   | 7a   | Gross amount from sales of  | (i) Securities |       | (II) Other                            |                      |  |   | ì   |
|   |  | assets other than inventory   |                |       |                                       |                      |  |   |   |
|   | ь  | Less: cost or other basis   |                |       |                                       |                      |  |   |   |
|   |  | and sales expenses  |                |       |                                       |                      |  |   |   |
|   | С  | Gain or (loss)  |                |       |                                       |                      |  |   |   |
|   | d  | Net gain or (loss)  |                |       |                                       |                      |  |   |   |
| ure<br>L  | 8a   | Gross income from fundraising   |                |       |                                       |                      |  |   |   |
| ē   |  | events (not including \$  | 70,655         |       |                                       |                      |  |   |   |
| Še  |  | of contributions reported on line   |                |       |                                       |                      | +                                      |   |   |
| i i   |  | See Part IV, line 18 · · · · ·  | •              | а     | 10,732                                |                      |  |   |   |
| Other Reve  | h  | Less. direct expenses   |                | ŀ     | 46,753                                |                      |  |   |   |
| U   | 1  | Net income or (loss) from fundrai   |                |       |                                       | 426 0011             |  |   | (26,001)  |
|   | I  |   | -              | •     |                                       | (36,021)             |  |   | (36,021   |
|   | Ja   | Gross income from gaming activi   |                |       |                                       |                      |  |   |   |
|   | ١.   | See Part IV, line 19 · · · · ·  |                | ŀ     |                                       |                      |  |   |   |
|   | 1  | Less direct expenses · · · ·  |                | •     |                                       |                      |  |   |   |
|   | C  | Net income or (loss) from gaming  | j activities   | ٠.,   |                                       |                      |  |   |   |
|   | 10a  | Gross sales of inventory, less  |                |       |                                       | 1                    |  |   |   |
|   |  | returns and allowances · · · ·  |                | - 1   |                                       |                      |  |   |   |
|   | I  | Less cost of-goods sold · · ·   |                |       | · · · · · · · · · · · · · · · · · · · |                      |  |   |   |
|   | С  | Net income or (loss) from sales of  | f inventory    | • • • |                                       |                      |  |   |   |
|   |  | Miscellaneous Revenue   | <del></del>    |       | Business Code                         |                      |  |   |   |
|   | 11a  | Basis of acctng chang   | е              | _     | 900099                                | 23,307               | 23,307                                 |   |   |
|   | b  | Miscellaneous   |                | [     | 900099                                | 608                  | 608                                    |   |   |
|   | С  |   |                | _ [   |                                       |                      |  |   |   |
|   | d  | All other revenue   |                | .     |                                       |                      |  |   |   |
|   | e  | Total. Add lines 11a-11d  |                |       |                                       | 23,915               |  |   |   |
|   | 12   | Total revenue. See instructions   |                |       | ▶ ↑                                   | 373,677              | 23,915                                 | 0                                       | (34,926)  |
| EEA   | <del></del>                                      | ~   | <del></del>    |       |                                       |                      |  |   | Form <b>990</b> (2018)                                |

Form 990 (2018) Read and Feed 20-3246207 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Program service Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 61,696 44,421 14,807 2,468 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... 7 Other salaries and wages . . . . . . . . . . . . . . 99,867 79,983 15,890 3,994 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 491 12,276 9,453 2,332 11 Fees for services (non-employees).

7,400

10,045

9,111

4,641

8,570

6,925

23,989

8,794

|   | for any federal, state, or local public officials  |         |         |        |        |
|---|--|---------|---------|--------|--------|
| 9 | Conferences, conventions, and meetings   | 387     | 37      | 350    |        |
| 0 | Interest · · · · · · · · · · · · · · · · · · ·   |         |         |        |        |
| 1 | Payments to affiliates   |         |         |        |        |
| 2 | Depreciation, depletion, and amortization  | 13,976  | 13,976  |        |        |
| 3 | Insurance  | 13,191  | 8,485   | 4,706  |        |
| 4 | 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.)   |         |         |        | j      |
| а | RV maintenance and repairs   | 19,067  | 19,067  |        |        |
| b | Books and incentives   | 84,376  | 84,126  | 250    |        |
| С | Meals  | 30,112  | 28,056  | 2,046  | 10     |
| d |  |         |         |        |        |
| е | All other expenses   | 8,516   | 3,755   | 4,038  | 723    |
| 5 | Total functional expenses. Add lines 1 through 24e .   | 422,939 | 331,524 | 81,259 | 10,156 |
| 5 | 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 |         |         |        |        |

7,400

10,045

6,519

1,825

1,779

6,706

2,207

359

400

747

969

354

2,592

3,882

5,998

5,146

16,314

6,233

25 26 Office expenses . . . . . . . . .

following SOP 98-2 (ASC 958-720)

Information technology . . . . . .

Payments of travel or entertainment expenses

Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)

b b

d

f

12

13

14

15 16

17

18

| orm 990 (2018<br>Part X                            |  | 2                                      | 0-324620       | 7 Page                                |
|--|--|--|----------------|---------------------------------------|
| ···  | Balance Sheet  | ······                                 |                | <del></del>                           |
|  | Check if Schedule O contains a response or note to any line in this Part X             | (A)                                    | · · · · · ·    |                                       |
|  |  | (A)                                    |                | (B)                                   |
| 1 C  | Cash - non-interest-bearing  | Beginning of year                      | +              | End of year                           |
| <b>I</b>   | avings and temporary cash investments  | 170,559                                | 1              | 101,09                                |
|  | Pledges and grants receivable, net   | 340,766                                | 2              | 301,04                                |
|  |  | 100,000                                | 3              | 50,00                                 |
| ľ  | accounts receivable, net   | 1,906                                  | 4 -            | 1,12                                  |
|  | oans and other receivables from current and former officers, directors,                |  |                |                                       |
|  | rustees, key employees, and highest compensated employees                              | ······································ | . - <u>-</u> - |                                       |
|  | Complete Part II of Schedule L   |  | 5              |                                       |
|  | oans and other receivables from other disqualified persons (as defined under section   |  |                |                                       |
|  | 958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and |  |                |                                       |
|  | ponsoring organizations of section 501(c)(9) voluntary employees' beneficiary          | <del></del>                            |                |                                       |
|  | rganizations (see instructions) Complete Part II of Schedule L                         | <del></del>                            | 6              |                                       |
| 3   7 N  | lotes and loans receivable, net  |  | 7              |                                       |
| <b>'</b> 1   | nventories for sale or use   | 88,563                                 | 8              | 123,00                                |
| ·  | repaid expenses and deferred charges   | 2,166                                  | 9              | 6,5                                   |
|  | and, buildings, and equipment cost or  |  |                |                                       |
| <b>I</b>   | ther basis. Complete Part VI of Schedule D · · · · 10a 185,038                         |  |                |                                       |
| 1  | ess: accumulated depreciation · · · · · · · · · · 10b 99,862                           | 29,352                                 | 10c            | 85,1                                  |
| <b>I</b>   | nvestments - publicly traded securities  |  | 11             |                                       |
|  | nvestments - other securities See Part IV, line 11                                     |  | 12             |                                       |
|  | nvestments - program-related See Part IV, line 11                                      |  | 13             |                                       |
|  | ntangible assets   |  | 14             | <del> </del>                          |
|  | Other assets. See Part IV, line 11   |  | 15             | <del></del>                           |
|  | otal assets. Add lines 1 through 15 (must equal line 34)                               | 733,312                                | 16             | 667,9                                 |
| <b>I</b>   | ccounts payable and accrued expenses   | 7,942                                  | 17             | 15,1                                  |
| I I  | irants payable • • • • • • • • • • • • • • • • • • •                                   |  | 18             |                                       |
| I  | eferred revenue  |  | 19             |                                       |
|  | ax-exempt bond liabilities   |  | 20             |                                       |
| 21 E   | scrow or custodial account liability Complete Part IV of Schedule D                    |  | 21             |                                       |
| 22 L   | oans and other payables to current and former officers, directors,                     |  |                |                                       |
| 22 L   | ustees, key employees, highest compensated employees, and                              |  |                | · · · · · · · · · · · · · · · · · · · |
| d  | squalified persons Complete Part II of Schedule L · · · · · · · · · ·                  |  | 22             |                                       |
| 23 S   | ocured mortgages and notes payable to unrelated third parties                          |  | 23             |                                       |
| 24 U   | Incocured notes and loans payable to unrelated third parties                           |  | 24             |                                       |
| 1  | Other liabilities (including federal income tax, payables to related third             |  |                |                                       |
|  | arties, and other liabilities not included on lines 17-24). Complete Part X            |  |                |                                       |
|  | f Schedule D · · · · · · · · · · · · · · · · · ·                                       |  | 25             |                                       |
|  | otal liabilities. Add lines 17 through 25  | 7,942                                  | 26             | 15,14                                 |
|  | rganizations that follow SFAS 117 (ASC 958), check here  ▶ 🗵 and                       |  |                |                                       |
| C  | omplete lines 27 through 29, and lines 33 and 34.                                      |  | ]              |                                       |
| _ <b>27</b> ∪                                      | Inrestricted net assets  | 475,370                                | 27             | 522,8                                 |
| 28 T   | emporarily restricted net assets   | 250,000                                | 28             | 130,00                                |
| 29 P   | ermanently restricted net assets   |  | 29             |                                       |
| 0  | rganizations that do not follow SFAS 117 (ASC 958), check here  ▶ 🔲 and                |  |                | ,                                     |
| 27 U<br>28 Tr<br>29 P<br>0<br>30 C<br>31 P<br>32 R | omplete lines 30 through 34.   |  |                |                                       |
| 30 C   | apital stock or trust principal, or current funds                                      |  | 30             |                                       |
| 31 P   | aid-in or capital surplus, or land, building, or equipment fund                        |  | 31             |                                       |
| 32 R   | etained eamings, endowment, accumulated income, or other funds                         |  | 32             |                                       |
| 33 To  | otal net assets or fund balances   | 725,370                                | 33             | 652,80                                |
| 34 To  | otal liabilities and net assets/fund balances  | 733,312                                | 34             | 667,94                                |

| _   |   | -324 | 6207   |                | 'age 12   |
|-----|---|------|--------|----------------|-----------|
| Pa  | rt XI Reconciliation of Net Assets  |      |        |                |           |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                   |      |        |                | $\cdot X$ |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1    |        | 373,           | 677       |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2    |        | 422,           | 939       |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3    |        | (49,           | 262)      |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4    |        | 725,           | 370       |
| 5   | Net unrealized gains (losses) on investments  | 5    |        |                |           |
| 6   | Donated services and use of facilities  | 6    |        |                |           |
| 7   | Investment expenses   | 7    |        |                |           |
| 8   | Prior period adjustments  | 8    |        |                |           |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9    |        | (23,           | 307)      |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |      |        |                |           |
|     | 33, column (B))   | 10   |        | 652,           | 801       |
| Pa  | rt XII Financial Statements and Reporting   |      |        |                |           |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |      |        |                | . 🗌       |
|     |   |      |        | Yes            | No        |
| 1   | Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other                                       | _    |        |                |           |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         | _    |        |                |           |
|     | Schedule O  |      |        |                | . ]       |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?               |      | · · 2a | Х              |           |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |      |        |                |           |
|     | reviewed on a separate basis, consolidated basis, or both.  |      | ŀ      |                |           |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |      |        |                |           |
| b   | Were the organization's financial statements audited by an independent accountant?                            |      | · · 2b |                | X         |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |      |        |                | 1         |
|     | separate basis, consolidated basis, or both   |      |        | ŀ              |           |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |      |        |                | {         |
| C   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |      |        |                |           |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |      | 2c     | Х              |           |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |      |        |                |           |
|     | Schedule O.   |      |        |                | .         |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |      |        |                |           |
|     | the Single Audit Act and OMB Circular A-133?  |      | • • 3a |                | X         |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |      |        |                |           |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 🐪     |      | 3b     | <u></u>        | <u>L</u>  |
| EEA | •   |      | For    | m <b>990</b> ( | 2018)     |
|     |   |      |        |                |           |
|     |   |      |        |                |           |

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#### **SCHEDULE A**

# **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.

2018

OMB No 1545-0047

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury

► Go to www.lrs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer Identification number

| Da         |  | Page on for Dublic Charit   | Ctatus /All or         | raanizationa must s                                 | omplete       | thic nor             | t \ Coo instructio                      |                                       |             |
|------------|--|---|------------------------|---|---------------|----------------------|---|---------------------------------------|-------------|
|            | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.   |   |                        |   |               |                      |   |                                       |             |
|            | ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box ) |   |                        |   |               |                      |   |                                       |             |
| 1          | 님  | A church, convention of churches, or  |                        |   |               |                      | $\vec{\cap}$                            |                                       |             |
| 2          | $\vdash$   | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) |                        |   |               |                      |   |                                       |             |
| 3          | Н  | A hospital or a cooperative hospital s  | ervice organization    | described in section 17                             | 0(b)(1)(A)    | (iii).               | $\cup$ '                                |                                       |             |
| 4          | Ш  | A medical research organization oper  | ated in conjunction    | with a hospital describe                            | d in sectio   | n 170(b)(1           | l)(A)(iii). Enter the                   |                                       |             |
|            |  | hospital's name, city, and state:   |                        |   |               |                      | ····                                    |                                       |             |
| 5          |  | An organization operated for the bene   | efit of a college or ι | iniversity owned or opera                           | ated by a g   | overnmen             | tal unit described in                   |                                       |             |
|            |  | section 170(b)(1)(A)(iv). (Complete I   | Part II.)              |   |               |                      |   |                                       |             |
| 6          |  | A federal, state, or local government   | or governmental ur     | nit described in section 1                          | 70(b)(1)(A    | λ)(v).               |   |                                       |             |
| 7          | X  | An organization that normally receive   | s a substantial part   | t of its support from a go                          | vernmenta     | l unit or fro        | om the general public                   | :                                     |             |
|            |  | described in section 170(b)(1)(A)(vi)   | . (Complete Part II    | )   |               |                      |   |                                       |             |
| 8          | П  | A community trust described in section  |                        |   |               |                      |   |                                       |             |
| 9          | П  | An agricultural research organization   |                        | •   | ated in con   | unction wi           | th a land-grant collec                  | ie                                    |             |
|            | _  | or university or a non-land-grant colle   |                        |   |               |                      |   | ,-                                    |             |
|            |  | university.   | go e. ag (-            |   |               | ,,                   |   |                                       |             |
| 10         | П  | An organization that normally receive   | s: (1) more than 33    | 3 1/3% of its support from                          | contributi    | ons. mem             | pership fees, and gro                   | ess.                                  |             |
|            | <u></u>  | receipts from activities related to its e   |                        |   |               |                      | · · · · · ·                             |                                       |             |
|            |  | support from gross investment incom   | •                      | •   | •             | •                    |   |                                       |             |
|            |  | acquired by the organization after Jur  |                        | •   |               | •                    |   |                                       |             |
| 11         | П  | An organization organized and opera   |                        |   |               |                      |   |                                       |             |
| 12         | Ħ  | An organization organized and opera   | -                      | •   |               | . ,, ,               | o carry out the nume                    | 505                                   |             |
| -          | ш  | of one or more publicly supported org   | •                      |   |               |                      | -                                       |                                       |             |
|            |  | Check the box in lines 12a through 12   |                        |   |               |                      | • | •                                     |             |
|            | •  | Type I. A supporting organization   |                        |   |               | •                    |   | •                                     |             |
|            | а  |   |                        |   |               | -                    |   | ig                                    |             |
|            |  | the supported organization(s) the   |                        | •   | ity of the u  | irectors or          | dustees of the                          |                                       |             |
|            |  | supporting organization You mu  | •                      |   |               | dad araan            | ration(s) by baying                     |                                       |             |
|            | Ь  | Type II. A supporting organization  |                        |   | • •           | •                    |   | i                                     |             |
|            |  | control or management of the sup  |                        | •   | ersons that   | control or           | manage the support                      | 90                                    |             |
|            | _  | organization(s) You must comp   |                        |   |               |                      | 4 11 - 1 - 4 4                          | 14.                                   |             |
|            | С  | Type III functionally integrated.   |                        | ·   |               |                      | • -                                     | m,                                    |             |
|            |  | its supported organization(s) (see  | •                      | •   | -             |                      |   |                                       |             |
|            | d  | Type III non-functionally integra   |                        | •   |               |                      |   |                                       |             |
|            |  | that is not functionally integrated   |                        |   |               | •                    | nt and an attentivene                   | ess                                   |             |
|            |  | requirement (see instructions) Ye   | -                      |   |               |                      |   |                                       |             |
|            | е  | Check this box if the organization  |                        |   |               | salypei,             | Type II, Type III                       |                                       |             |
|            | _  | functionally integrated, or Type III  | =                      | ., .  | inization     |                      |   | _                                     | <del></del> |
|            | f  | Enter the number of supported organ   |                        |   | • • • • •     | • • • • •            | • • • • • • • • • •                     | · · · · · L                           |             |
|            | g  | Provide the following information abo   | <del></del>            | ganization(s)                                       | 1             |                      |   | · · · · · · · · · · · · · · · · · · · |             |
|            | (1)  | Name of supported organization  | (ii) EIN               | (iii) Type of organization (described on lines 1-10 | (Iv) is the o | -                    | (v) Amount of monetary                  | (vi) Amoun                            |             |
|            |  |   |                        | above (see instructions))                           | docum         | ir goveming<br>ient? | support (see<br>instructions)           | other suppor                          |             |
|            |  |   |                        | ,   |               |                      | ·                                       |                                       | ·           |
|            |  | · · · · · · · · · · · · · · · · · · ·   |                        |   | Yes           | No                   |   | · · · · · · · · · · · · · · · · · · · |             |
| A)         |  |   |                        |   |               |                      |   |                                       |             |
|            |  |   |                        |   |               | ļ                    |   |                                       |             |
| B)         |  |   |                        |   |               |                      |   |                                       |             |
|            |  |   |                        |   |               |                      |   |                                       | <del></del> |
| C)         |  |   |                        |   |               |                      |   |                                       |             |
|            |  |   |                        |   |               |                      |   |                                       |             |
| D)         |  |   |                        |   |               |                      |   |                                       |             |
| <u></u>    |  |   |                        |   |               |                      |   |                                       |             |
| E)         |  |   |                        |   |               |                      |   |                                       |             |
| <b>ota</b> |  |   |                        |   |               |                      |   |                                       |             |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

| OCC  | ation A. Fublic Support  |                      |                                       |          |          |                   |             |
|------|--|----------------------|---------------------------------------|----------|----------|-------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2014             | <b>(b)</b> 2015                       | (c) 2016 | (d) 2017 | (e) 2018          | (f) Total   |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")  | 249,559              | 288,215                               | 503,780  | 391,268  | 384,688           | 1,817,510   |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                      |                                       |          |          |                   |             |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                                       | :        |          |                   |             |
| 4    | Total. Add lines 1 through 3   | 249,559              | 288,215                               | 503,780  | 391,268  | 384,688           | 1,817,510   |
| 5    | The portion of total contributions by  |                      |                                       |          |          |                   |             |
|      | each person (other than a  |                      |                                       |          |          |                   |             |
|      | governmental unit or publicly  |                      |                                       |          |          |                   |             |
|      | supported organization) included on  |                      |                                       | _        |          |                   |             |
|      | line 1 that exceeds 2% of the amount   |                      |                                       | •        | •        |                   |             |
|      | shown on line 11, column (f)   |                      |                                       |          |          |                   | 422,754     |
| 6    | Public support. Subtract line 5 from line 4 · ·  |                      |                                       |          |          |                   | 1,394,756   |
| Sec  | tion B. Total Support  |                      |                                       |          |          |                   | -           |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2014             | (b) 2015                              | (c) 2016 | (d) 2017 | (e) 2018          | (f) Total   |
| 7    | Amounts from line 4  | 249,559              | 288,215                               | 503,780  | 391,268  | 384,688           | 1,817,510   |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 200                  | 164                                   | 174      | 326      | 1,095             | 1,959       |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on   | 200                  | 104                                   | ±/4      | 520      | 1,093             | 1,333       |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                      |                                       |          |          |                   |             |
| 11   | Total support. Add lines 7 through 10  |                      |                                       |          |          |                   | 1,819,469   |
| 12   | Gross receipts from related activities, etc. (s  | see instructions)    |                                       |          |          | 12                | 213,373     |
| 13   | First five years. If the Form 990 is for the o organization, check this box and stop here  | rganization's first, |                                       |          |          |                   |             |
|      | tion C. Computation of Public Su   |                      |                                       |          |          |                   |             |
| 14   | Public support percentage for 2018 (line 6,  |                      |                                       |          |          |                   | 76.66 %     |
| 15   | Public support percentage from 2017 Sched  |                      |                                       |          |          | <u> </u>          | 73.54 %     |
| 16a  | 33 1/3% support test - 2018. If the organization   |                      | •                                     |          | •        |                   | <b>.</b>    |
|      | hox and stop here. The organization qualification  |                      |                                       |          |          |                   | ▶ 🛚 🔀       |
| D    | 33 1/3% support test - 2017. If the organization of the second of the se |                      |                                       |          | •        |                   | . □         |
| 47.  | this box and stop here. The organization qu  |                      |                                       |          |          |                   | · · · · • 📙 |
| 17a  |  | -                    |                                       | · ·      |          |                   |             |
|      | 10% or more, and if the organization meets   |                      | •                                     |          | •        |                   |             |
|      | Part VI how the organization meets the "fac  |                      | _                                     | •        |          |                   | - □         |
|      | organization   |                      |                                       |          |          |                   | • 🗀         |
| b    | 10%-facts-and-circumstances test - 2017  | _                    |                                       |          |          | i <del>U</del>    |             |
|      | 15 is 10% or more, and if the organization m   |                      |                                       | •        | •        | al                |             |
|      | Explain in Part VI how the organization mee supported organization   |                      |                                       | •        | •        | •                 | <b>⊾</b> □  |
| 10   | - · · · -  |                      |                                       |          |          | • • • • • • • • • | · · · · • 🔟 |
| 18   | Private foundation. If the organization did instructions   |                      |                                       |          |          |                   | ▶ □         |
|      | manucliona   |                      | · · · · · · · · · · · · · · · · · · · |          |          |                   | · · · · · · |

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II/) Section A. Public Support (a) 2014 (d) 2017 (c) 2016 (e) 2018 Calendar year (or fiscal year beginning in) (b) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusuat grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge · · · Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7a and 7b · · · · · · · · · Public support. (Subtract line 7c from line 6 ) . . . . . . . . . . . . . . . . . . . Section B. Total Support (b)/2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016(d) 2017 (e) 2018 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents. royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b · · · · · · Net income from unrelated business activities not included in line 10b, 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) ..... 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . . . . . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8 column (f), divided by line 13, column (f)). . . . . . . . 15 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - - - -17 17 Investment income percentage from 2017 Schedule A, Part III, line 17. . . . . . . 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . Private foundation. If the organization did not check a box on line 14, 19a, or 19h, check this box and see instructions . . . . . . . .

20-3246207

#### Supporting Organizations Part IV

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

#### Section A. All Supporting Organizations

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

|       |          | Yes      | No          |
|-------|----------|----------|-------------|
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|       | 9c       |          |             |
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|       | 10a      |          |             |
|       |          |          |             |
|       | 10b      |          |             |
| A (Fo | rm 990   | or 990-£ | Z) 2018     |

|     | lule A (Form, 990 or 990-EZ) 2018 Read and Feed   |       | 20-324                                | 6207   | Page 6              |  |  |
|-----|---|-------|---------------------------------------|--|---------------------|--|--|
|     | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or   |       |                                       |  |                     |  |  |
| 1   |   |       |                                       |  |                     |  |  |
|     | instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |       |                                       |  |                     |  |  |
| Sec | tion A - Adjusted Net Income  |       | (A) Prior Year                        | 1 ' '  | rent Year<br>ional) |  |  |
| 1   | Net short-term capital gain   | 1     |                                       |  |                     |  |  |
| 2   | Recoveries of prior-year distributions  | 2     |                                       |  |                     |  |  |
| 3   | Other gross income (see instructions)   | 3     |                                       |  | -                   |  |  |
| 4   | Add lines 1 through 3.  | 4     |                                       |  |                     |  |  |
| 5   | Depreciation and depletion  | 5     |                                       |  |                     |  |  |
| 6   | Portion of operating expenses paid or incurred for production or  |       |                                       |  |                     |  |  |
| co  | llection of gross income or for management, conservation, or  |       |                                       |  |                     |  |  |
| ma  | aintenance 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     |                                       |  |                     |  |  |
| Sec | tion B - Minimum Asset Amount   |       | (A) Prior Year                        |  | rent Year<br>ional) |  |  |
| 1   | Aggregate fair market value of all non-exempt-use assets (see   | T     |                                       |  |                     |  |  |
| ins | structions for short tax year or assets held for part of year).   |       |                                       |  | j                   |  |  |
| а   | Average monthly value of securities   | 1a    |                                       |  |                     |  |  |
| b   | Average monthly cash balances   | 1b    |                                       |  |                     |  |  |
| C   | Fair market value of other non-exempt-use assets  | 1c    |                                       |  |                     |  |  |
| d   | Total (add lines 1a, 1b, and 1c)  | 1d    |                                       |  |                     |  |  |
| е   | Discount claimed for blockage or other  |       |                                       |  |                     |  |  |
| fa  | actors (explain in detail in Part VI).  |       |                                       |  |                     |  |  |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets  | 2     |                                       |  |                     |  |  |
| 3   | Subtract line 2 from line 1d.   | 3     |                                       |  |                     |  |  |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,  |       |                                       |  |                     |  |  |
| se  | e instructions).  | 4     |                                       |  |                     |  |  |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5     |                                       |  | •                   |  |  |
| 6   | Multiply line 5 by .035.  | 6     |                                       |  |                     |  |  |
| 7   | Recoveries of prior-year distributions  | 7     |                                       |  |                     |  |  |
| 8   | Minimum Asset Amount (add line 7 to line 6)   | 8     |                                       |  | ,                   |  |  |
| Sec | tion C - Distributable Amount   |       |                                       | Curren   | t Year              |  |  |
| . 1 | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1     |                                       | 1  |                     |  |  |
| 2   | Enter 85% of line 1.  | 2     |                                       |  |                     |  |  |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3     |                                       |  | ···                 |  |  |
| 4   |   | 4     |                                       |  |                     |  |  |
| 5   | Income tax imposed in prior year  | 5     |                                       | <u>†                                      </u> |                     |  |  |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to  | 1 1   |                                       | <del> </del>                                   |                     |  |  |
| en  | nergency temporary reduction (see instructions).  | 6     |                                       |  |                     |  |  |
| 7   | Check here if the current year is the organization's first as a non-functionally  | inted | rated Type III supporting             | organizati                                     | on (see             |  |  |
|     | instructions).  |       | , , , , , , , , , , , , , , , , , , , |  | •                   |  |  |

|     | ule A (Form 990 or 990-EZ) 2018 Read and Feed rt V Type III Non-Functionally Integrated 509(a)(3   | 3) Supporting Organi                  | 20-324<br>zations (continued)          | 16207 Page 7                              |
|-----|--|---------------------------------------|--|---|
| Sec | ction D - Distributions  |                                       |  | Current Year                              |
| 1   | Amounts paid to supported organizations to accomplish exer   | npt purposes                          |  | ——————————————————————————————————————    |
| 2   |  |                                       |  |   |
|     | organizations, in excess of income from activity   | •                                     |  |   |
| 3   | Administrativo expenses paid to accomplish exempt purpose  | s of supported organiza               | tions                                  |   |
|     | Amounts 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.   |                                       |  |   |
| 8   | Distributions to attentive supported organizations to which the  | e organization is respon-             | sive -                                 |   |
|     | (provide details in Part VI). See instructions.  | ,                                     |  |   |
| 9   | Distributable amount for 2018 from Section C, line 6   | <del></del>                           |  | <u></u> _                                 |
|     | Line 8 amount divided by Line 9 amount   |                                       |  | · · · · · · · · · · · · · · · · · · ·     |
|     | Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions           | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|     | Distributable amount for 2018 from Section C, line 6   |                                       |  |   |
| 2   | Underdistributions, if any, for years prior to 2018  |                                       |  |   |
|     | (reasonable cause required - explain in Part VI). See  |                                       | :                                      |   |
|     | instructions.  |                                       |  |   |
|     | Excess distributions carryover, if any, to 2018  |                                       |  | J   |
| a   | From 2013  |                                       |  |   |
| b   | From 2014  |                                       |  |   |
| С   | From 2015  |                                       |  |   |
| d   | From 2016  |                                       |  | •   |
|     | From 2017  |                                       |  | ]   |
| f   | Total of lines 3a through e  |                                       |  |   |
| g   | Applied to underdistributions of prior years   |                                       |  | 1   |
| h   | Applied to 2018 distributable amount   |                                       |  |   |
| i   | Carryover from 2013 not applied (see instructions)   |                                       |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                                       |  | ]   |
| 4   | Distributions for 2018 from  |                                       |  |   |
|     | Section D, line 7: \$  |                                       |  | }   |
| а   | Applied to underdistributions of prior years   |                                       |  |   |
| b   | Applied to 2018 distributable amount   |                                       |  |   |
| С   | Remainder. Subtract lines 4a and 4b from 4.  |                                       |  |   |
| 5   | Remaining underdistributions for years prior to 2018, if   |                                       |  |   |
|     | any. Subtract lines 3g and 4a from line 2. For result  |                                       |  |   |
|     | greater than zero, explain in Part VI. See instructions.   |                                       |  |   |
| 6   | Remaining underdistributions for 2018. Subtract lines 3h   |                                       |  | ·   |
|     | and 4b from line 1. For result greater than zero, explain in   |                                       |  |   |
|     | Part VI. See instructions.   |                                       |  |   |
| 7   | Excess distributions carryover to 2019. Add lines 3j   |                                       |  |   |
|     | and 4c.  |                                       |  |   |
| 8   | The second section is a second |                                       |  |   |
|     | Excess from 2014   |                                       |  |   |
|     | Excess from 2015   |                                       |  |   |
|     | Excess from 2016   |                                       |  | <u></u>                                   |
|     | Excess from 2017   | <del>  </del>                         |  |   |
|     | F  |                                       |  |   |
|     | Excess from 2018   | <u> </u>                              |  |   |

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

**Open to Public** Inspection Employer identification number

|    | ad and reed   | 20-3246207                               |
|----|---|--|
| Pa | organizations Maintaining Donor Advised Funds or Other Similar Funds or Account   | ts.                                      |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 6.   |  |
|    | (a) Donor advised funds   | (b) Funds and other accounts             |
| 1  | Total number at end of year   |  |
| 2  | Aggregate value of contributions to (during year)   |  |
| 3  | Aggregate value of grants from (during year)  |  |
| 4  | Aggregate value at end of year  |  |
| 5  | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised              |  |
|    | funds are the organization's property, subject to the organization's exclusive legal control?                           | · · · · · · · · · · · · · · · · · · ·    |
| 6  | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used            | <del>-</del>                             |
|    | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose            |  |
|    | conferring impermissible private benefit?   | · · · · · · · · · · · · · · · · · · ·    |
| Pa | rt II Conservation Easements.   |  |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   |  |
| 1  | Purpose(s) of conservation easements held by the organization (check all that apply)                                    |  |
|    | Preservation of land for public use (e.g., recreation or education)   | mportant land area                       |
|    | Protection of natural habitat   |  |
|    | Preservation of open space  |  |
| 2  | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons       | servation                                |
|    | easement on the last day of the tax year.   | Held at the End of the Tax Year          |
| а  | Total number of conservation easements  | 2a                                       |
| ь  | Total acreage restricted by conservation easements  | 2b                                       |
| С  | Number of conservation easements on a certified historic structure included in (a)                                      | 2c                                       |
| d  | Number of conservation easements included in (c) acquired after 7/25/06, and not on a                                   |  |
|    | historic structure listed in the National Register  | 2d                                       |
| 3  | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz            | ation during the                         |
|    | tax year 🕨  |  |
| 4  | Number of states where property subject to conservation easement is located   |  |
| 5  | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of                  |  |
|    | violations, and enforcement of the conservation easements it holds?   | · · · · · · · · · · · · · · · Yes · · No |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation         | easements during the year                |
|    | •   |  |
| 7  | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease          | ements during the year                   |
|    | <b>▶</b> \$   |  |
| 8  | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)            | (1)                                      |
|    | and section 170(h)(4)(B)(ii)?   | Yes No                                   |
| 9  | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement         | ent, and                                 |
|    | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that     | describes the                            |
|    | organization's accounting for conservation easements.   |  |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other                                     | er Similar Assets.                       |
|    | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.   |  |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and          | balance sheet                            |
|    | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth | herance of                               |
|    | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  | i.                                       |
| b  | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala         | ance sheet                               |
|    | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth | herance of                               |
|    | public service, provide the following amounts relating to these items   |  |
|    | (i) Revenue included on Form 990, Part VIII, line 1   | ▶ \$                                     |
|    | (ii) Assets included in Form 990, Part X  | ▶ \$                                     |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi |  |
|    | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:                             |  |
| а  | Revenue included on Form 990, Part VIII, line 1   | ▶ \$                                     |
| ь  | Assets included in Form 990, Part X   | ▶ \$                                     |
|    |   |  |

| _        | lule D (Form 990) 2018 Read and Feed                             |           |   |                                       |                 |              | 20-3246                               |                    | Page 2   |
|----------|--|-----------|---|---------------------------------------|-----------------|--------------|---------------------------------------|--------------------|--|
| Pa       | rt III Organizations Maintaining (                               | Collec    | ctions of A                             | rt, Historical T                      | reasures,       | or Oth       | er Similar Ass                        | ets (contir        | nued)  |
| 3        | Using the organization's acquisition, accession                  | , and ot  | her records, o                          | heck any of the follo                 | owing that are  | a signific   | cant use of its                       |                    |  |
|          | collection items (check all that apply)                          |           |   |                                       |                 |              |                                       |                    |  |
| а        | Public exhibition  |           |   | n or exchange prog                    |                 |              |                                       |                    |  |
| b        | Scholarly research   |           | e 🗌 Oth                                 | er                                    |                 |              |                                       |                    |  |
| C        | Preservation for future generations                              |           |   |                                       |                 |              |                                       |                    |  |
| 4        | Provide a description of the organization's colle                | ections a | and explain ho                          | ow they further the o                 | rganization's   | exempt p     | urpose in Part                        |                    |  |
|          | XIII.  |           |   |                                       |                 |              |                                       |                    |  |
| 5        | During the year, did the organization solicit or re              |           |   | •                                     |                 | mılaı        |                                       | _                  |  |
|          | assets to be sold to raise funds rather than to b                |           |   | of the organization's                 | s collection?   |              |                                       | · 🗌 Yes            | ☐ No   |
| Pa       | rt IV Escrow and Custodial Arran                                 | _         |   |                                       |                 |              |                                       |                    |  |
|          | Complete if the organization a                                   | nswer     | ed "Yes" o                              | n Form 990, Pa                        | rt IV, line 9   | , or rep     | orted an amou                         | nt on Form         | n  |
|          | 990, Part X, line 21.  |           |   | · · · · · · · · · · · · · · · · · · · |                 |              | <del></del>                           |                    |  |
| 1a       | Is the organization an agent, trustee, custodian                 |           |   |                                       |                 |              |                                       |                    | _  |
|          | •  |           |   |                                       |                 |              |                                       | · Tes              | ∐ No   |
| b        | If "Yes," explain the arrangement in Part XIII an                | d comp    | lete the follow                         | ring table:                           |                 |              |                                       |                    | <u>.</u>   |
|          |  |           |   |                                       |                 |              | Amo                                   | unt                |  |
| С        | Beginning balance  |           |   |                                       |                 |              |                                       |                    |  |
| d        | Additions during the year  |           |   |                                       |                 |              |                                       |                    | <del> </del>                                     |
| е        | Distributions during the year                                    |           |   |                                       |                 |              |                                       |                    |  |
| f        | Ending balance   |           |   |                                       |                 |              | <u> </u>                              | <del></del>        |  |
| 2a       | Did the organization include an amount on For                    |           |   |                                       |                 | •            |                                       |                    | =  |
| _ b      | If "Yes," explain the arrangement in Part XIII. C                | heck he   | re if the expla                         | ination has been pro                  | ovided on Part  | XIII         | · · · · · · · · · · · · · · · · · · · |                    | <u>· LL</u>                                      |
| Pa       | rt V Endowment Funds.  |           | 1 113 4 11                              |                                       |                 | _            |                                       |                    |  |
|          | Complete if the organization a                                   | nswer     | ed "Yes" o                              | n Form 990, Pa                        | rt IV, line 10  | <u>0.</u>    |                                       | <del></del>        |  |
|          |  | (a) (     | Current year                            | (b) Prior year                        | (c) Two years   | s back       | (d) Three years back                  | (e) Four year      | rs back  |
| 1a       | Beginning of year balance  |           |   |                                       |                 |              |                                       | <u> </u>           |  |
| Ь        | Contributions  |           |   |                                       |                 |              |                                       | <u> </u>           |  |
| С        | Net investment earnings, gains, and                              |           |   |                                       |                 |              |                                       |                    |  |
|          | losses   |           |   |                                       |                 |              |                                       |                    |  |
| d        | Grants or scholarships   |           |   |                                       |                 |              | · · · · · · · · · · · · · · · · · · · |                    |  |
| е        | Other expenditures for facilities and                            |           |   |                                       |                 |              |                                       |                    |  |
|          | programs   | <u> </u>  |   |                                       |                 |              |                                       |                    |  |
| f        | Administrative expenses  |           |   |                                       |                 |              |                                       |                    |  |
| g        | End of year balance  |           |   |                                       | <u> </u>        |              |                                       |                    |  |
| 2        | Provide the estimated percentage of the curren                   |           |   | ne 1g, column (a)) h                  | neld as.        |              |                                       |                    |  |
| а        | Board designated or quasi-endowment                              |           | %                                       |                                       |                 |              |                                       |                    |  |
| Ь        | Permanent endowment • %  |           |   |                                       |                 |              |                                       |                    |  |
| С        | Temporanly restricted endowment                                  |           | _ %                                     |                                       |                 |              |                                       |                    |  |
|          | The percentages on lines 2a, 2b, and 2c should                   | •         |   |                                       |                 |              |                                       |                    |  |
| 3a       | Are there endowment funds not in the possessi                    | on of th  | ie organizatioi                         | n that are held and a                 | administered fo | or the       |                                       |                    | <del></del>                                      |
|          | organization by.   |           |   |                                       |                 |              |                                       | Yes                | s No   |
|          | (i) unrelated organizations · · · · · · ·                        | • • • •   |   |                                       |                 |              | • • • • • • • • •                     | 3a(i)              |  |
|          | (ii) related organizations                                       | • • • •   | · • • • • • • • • • • • • • • • • • • • |                                       | • • • • • •     |              | • • • • • • • •                       | 3a(ii)             | 4  |
| b        | If "Yes" on line 3a(ii), are the related organization            |           | •                                       |                                       |                 |              |                                       | 3b                 | <u> </u>   |
| 4        | Describe in Part XIII the intended uses of the or                |           | tion's endown                           | ent funds.                            |                 | · · · ·      | ·                                     |                    |  |
| Pa       | rt VI Land, Buildings, and Equipn                                |           |   | - F 000 B-                            | IN / III        | 4 - 0        | . F 000 B-                            | and AZ - Paraman A | ^  |
|          | Complete if the organization a                                   | iswer     | •                                       | <del>- 1"</del>                       |                 |              | · · · · · · · · · · · · · · · · · · · |                    |  |
|          | Description of property  |           | (a) Cost or other                       | ''                                    | or other basis  |              | Accumulated                           | (d) Book valu      | ne   |
|          |  |           | (investme                               | ent)                                  | (other)         | de           | preciation                            |                    |  |
| 1a       | Land   |           |   |                                       |                 | <del>_</del> |                                       |                    | <del> </del>                                     |
| b        | Buildings  | •••       |   |                                       |                 |              |                                       |                    | <del></del>                                      |
| C        | Leasehold improvements   | • • •     |   |                                       |                 |              |                                       |                    |  |
| d        | Equipment  | • • • •   |   |                                       | 173,223         |              | 88,258                                | 84                 | <u>, 965                                    </u> |
| <u>e</u> | Other  | • • • •   |   |                                       | 11,815          |              | 11,604                                |                    | 211  |
| Total    | <ol> <li>Add lines 1a through 1e (Column (d) must equ</li> </ol> | ual Forn  | n 990, Part X,                          | column (B), line 10d                  | ;)              | <i></i>      | ▶                                     | 85                 | ,176   |

|  |  | <del></del>            | Part IV, line 11b. See Form 990, Part X, line 12.         |
|--|--|------------------------|---|
|  | (a) Description of security or category (including name of security)   | (b) Book value         | (c) Method of valuation. Cost or end-of-year market value |
| (1) Financial  | derivatives  |                        |   |
| -  | eld equity interests   |                        |   |
| (3) Other  |  |                        |   |
| (A)  |  |                        |   |
| (B)  |  |                        |   |
| (C)  |  |                        |   |
| (D)  |  |                        |   |
| (E)  |  |                        |   |
| (F)  |  |                        |   |
| (G)  |  |                        |   |
| (H)  |  |                        |   |
| Part VIII  | Investments - Program Related.  Complete if the organization answere   | d "Yes" on Form 990. I | Part IV, line 11c. See Form 990, Part X, line 13.         |
| <del> </del>   | (a) Description of investment  | (b) Book value         | (c) Method of valuation Cost or end-of-year market value  |
| (1)  |  |                        | Cost or end-oi-year market value                          |
| (2)  |  |                        |   |
| (3)  |  | ·····                  |   |
| (4)  |  | <del></del>            |   |
| (5)  |  |                        |   |
| (6)  |  |                        |   |
| (7)  |  |                        | ***   |
| (8)  |  |                        |   |
| (9)  |  |                        |   |
|  | must equal Form 990, Part X, col. (B) line 13.)  |                        |   |
|  |  |                        |   |
| Part IX  | Other Assets.  |                        |   |
| Part IX  |  | d "Yes" on Form 990, F | Part IV, line 11d. See Form 990, Part X, line 15.         |
| Part IX  | Complete if the organization answere   | d "Yes" on Form 990, F | Part IV, line 11d. See Form 990, Part X, line 15.         |
| Part IX  | Complete if the organization answere   |                        |   |
|  | Complete if the organization answere   |                        |   |
| (1)  | Complete if the organization answere   |                        |   |
| (1)  | Complete if the organization answere   |                        |   |
| (1)<br>(2)<br>(3)  | Complete if the organization answere   |                        |   |
| (1)<br>(2)<br>(3)<br>(4)   | Complete if the organization answere   |                        |   |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)  | Complete if the organization answere   |                        |   |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)   | Complete if the organization answere   |                        |   |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  | Complete if the organization answere (a) Do  | escription             |   |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  | Complete if the organization answere (a) Do (b) must equal Form 990, Part X, col. (B) line 15)   | escription             |   |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  | Complete if the organization answere  (a) Do  (b) must equal Form 990, Part X, col. (B) line 15)  Other Liabilities.  Complete if the organization answere | escription             | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column   | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.                                      | escription             | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X   | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | escription             | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.                                      | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal i (2) (3) (4)                     | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5)                  | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5) (6)              | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7)          | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7) (8)      | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) | n (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability        | d "Yes" on Form 990, F | (b) Book value  |

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

| Pa    | Reconciliation of Revenue per Audited Financial Statements With Revenue per  | Return.                               |
|-------|--|---------------------------------------|
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |                                       |
| 1     | Total revenue, gains, and other support per audited financial statements   | 1                                     |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12.  |                                       |
| а     | Net unrealized gains (losses) on investments   |                                       |
| b     | Donated services and use of facilities   |                                       |
| C     | Recoveries of prior year grants  | ]                                     |
| d     | Other (Describe in Part XIII.)   |                                       |
| е     | Add lines 2a through 2d  | 2e                                    |
| 3     | Subtract line 2e from line 1   | 3                                     |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1  |                                       |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a  | ]                                     |
| b     | Other (Describe in Part XIII.)   |                                       |
| c     | Add lines 4a and 4b  | 4c                                    |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | 5                                     |
| Pa    | Reconciliation of Expenses per Audited Γinancial Statements With Expenses  | per Return.                           |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | · · · · · · · · · · · · · · · · · · · |
| 1     | Total expenses and losses per audited financial statements   | 1                                     |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25   |                                       |
| а     | Donated services and use of facilities   | ] ]                                   |
| þ     | Prior year adjustments   | ]                                     |
| C     | Other losses   |                                       |
| d     | Other (Describe in Part XIII )   |                                       |
| е     | Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | 2e .                                  |
| 3     | Subtract line 2e from line 1   | 3                                     |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1.   |                                       |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |                                       |
| ь     | Other (Describe in Part XIII.)   |                                       |
| С     | Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·  | 4c                                    |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 5                                     |
| ч     | rt XIII Supplemental Information.  |                                       |
|       | ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 2d and 4b, and Part IV, lines 2d and 4b, and 2d and 2 | IT X, IINE                            |
| 2; Pa | rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information   |                                       |
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Page 4

Schedule D (Form 990) 2018

20-3246207

Schedule D (Form 990) 2018

EEA

Read and Feed

# **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2018

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Name of the organization                     |                                       | · <u>-</u>     |                          |                          |                 | Employer ide                          | ntification number               |
|--|---------------------------------------|----------------|--------------------------|--------------------------|-----------------|---------------------------------------|----------------------------------|
| Read and Feed                                |                                       |                |                          |                          |                 | 20-32                                 | 46207                            |
| Part I Fundraising Activities                | . Complete if                         | the organ      | izatıon ar               | nswered "Yes" on         | Form 9          | 90, Part IV                           | , line 17.                       |
| Form 990-EZ filers are no                    | t required to co                      | mplete this    | part.                    |                          |                 |                                       |                                  |
| 1 Indicate whether the organization rais     | ed funds through                      | n any of the f | ollowing acti            | vitics. Check all that a | pply            |                                       |                                  |
| a Mail solicitations                         |                                       | e 🗌            | Solicitation             | of non-government gr     | ants            |                                       |                                  |
| <b>b</b> Internet and email solicitations    | •                                     | f 🗌            | Solicitation             | of government grants     |                 |                                       |                                  |
| c Phone solicitations .                      |                                       |                |                          | draising events          |                 |                                       |                                  |
| d  In-person solicitations                   | •                                     | -              | ·                        | J                        |                 |                                       |                                  |
| 2a Did the organization have a written or    | oral agreement                        | with any indi  | vidual (inclu            | dina officers, directors | trustees        |                                       |                                  |
| or key employees listed in Form 990,         | =                                     | -              | •                        | •                        |                 | ΠYe                                   | s 🗍 No                           |
| b If "Yes," list the 10 highest paid individ | -                                     |                | · ·                      | •                        |                 | _                                     |                                  |
| compensated at least \$5,000 by the c        |                                       | iana alooro,   | parodantio               | agreements ander wit     | 1011 1110 11111 | dialoci io to b                       |                                  |
| compensated at least \$5,000 by the c        | nganization                           |                |                          |                          |                 |                                       |                                  |
|  |                                       | 1              | <del></del>              |                          | (n) Ame         | ount paid to                          |                                  |
| (i) Name and address of individual           |                                       |                | draiser have             | (Iv) Gross receipts      |                 | tained by)                            | (vi) Amount paid to              |
| or entity (fundraiser)                       | (II) Activity                         |                | r control of<br>outions? | from activity            |                 | er fisted in                          | (or retained by)<br>organization |
|  |                                       |                |                          |                          | ٥               | ol (i)                                | 0.9020                           |
|  |                                       | Yes            | No                       |                          |                 |                                       |                                  |
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| 10   |                                       |                |                          |                          |                 |                                       |                                  |
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|  |                                       |                |                          | _                        |                 |                                       |                                  |
| Total · · · · · · · · · · · · · · · · · · ·  |                                       |                |                          |                          |                 |                                       |                                  |
| 3 List all states in which the organization  | is registered or l                    | icensed to so  | olicit contribi          | utions or has been not   | ifiod it is o   | cempt from                            |                                  |
| registration or licensing                    |                                       |                |                          |                          |                 |                                       |                                  |
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|  |                                       |                |                          |                          |                 |                                       |                                  |

Schedule G (Form 990 or 990-EZ) 2018 Read and Feed 20-3246207 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Novel Night Breakfast Fd (add col (a) through None col (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . . . . . . 68,482 12,905 81,387 2 Less Contributions 60,432 10,223 70,655 Gross income (line 1 minus 8,050 2,682 10,732 Cash prizes Noncash prizes 3,977 Direct Expenses 3,<u>977</u> 7 Food and beverages . . . . . . 13,212 2,701 15,913 709 709 Other direct expenses . . . . . 26,154 26,154 Direct expense summary Add lines 4 through 9 in column (d) ......... 46,753 Net income summary Subtract line 10 from line 3, column (d) · · · · · · · · · · · · . . . . ▶ (36,021)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses-Yes Yes Yes Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) ..... Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · . . . ▶ Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

#### SCHEDULE M (Form 990)

Name of the organization

#### **Noncash Contributions**

OMB No 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Inspection
Employer Identification number

Read and Feed 20-3246207 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art . . . . . . . 1 2 Art - Historical treasures . . . . 3 Art - Fractional interests 4 Books and publications . . . . . X 104,437 fair value 5 Clothing and household goods . . . . . . . . . . . . . . . . 6 Cars and other vehicles 7 Boats and planes . . . . . . . . 8 Intellectual property . . . . . . 9 Securities - Publicly traded - - - -10 Securities - Closely held stock . . Securities - Partnership, LLC, 11 or trust interests . . . . . . . . 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures ...... 14 Qualified conservation contribution - Other . . . . . . 15 Real estate - Residential . . . . 16 Real estate - Commercial . . . . 17 Real estate - Other - . . . . 18 19 X 100 9,982 fair value 20 Drugs and medical supplies . . . 21 Taxidermy ...... 22 Historical artifacts . . . . . . 23 Scientific specimens . . . . . . 24 Archeological artifacts . . . . . Other ▶(Auction items ) 25 120 X 15,385 fair value 26 Other ►( 27 Other ►( 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Х 30a If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

## **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer Identification number

| Read and Feed   | 20-3246207       |
|---|------------------|
| 01. Officer, directors, etc. family relationship (Part VI, line 2)  |                  |
| A father and son (Larry and Benjamin Swaney) serve on the Board of Directors  | s. Additionally, |
| two sisters (Kristin Walker and Kathryn Raymond) serve as Board members.  |                  |
|   |                  |
| 02. Form 990 governing body review (Part VI, line 11)   |                  |
| The Treasurer, in conjunction with the Finance Committee, will provide rev  | lew and          |
| oversight responsibilities of the IRS Form 990 prepared by the organization   | n's external tax |
| preparer. The Finance Committee is responsible for verifying the Form 990 i   | for accuracy and |
| completeness before submission of the filing. Upon approval of the IRS Form   | n 990 by the     |
| Finance Committee, the Executive Director will sign the Form 990. A copy of   | f the Form 990   |
| will be distributed to the Board prior to filing. The original signed copy  | of the Form 990  |
| will be filed with the IRS once approved and distribution to the Board has  | occurred.        |
|   |                  |
| 03. Conflict of interest policy compliance (Part VI, line 12c)  |                  |
| The Conflict of Interest policy is monitored by the Board Secretary and rev   | Jiewed and       |
| signed at the beginning of each fiscal year by all staff and Board members  | with             |
| significant decision-making authority. It is each signator's obligation to  | disclose any     |
| potential conflict as soon as it is known, or reasonably should be known.   |                  |
|   |                  |
| 04. CEO, executive director, top management comp (Part VI, line 15a)  |                  |
| The Executive Director's salary level was independently reviewed by the Boa   |                  |
| to ensure it does not exceed comparable levels of compensation for nonprofi   |                  |
| this region of the country. Salary data for executives of organizations of  |                  |
| and mission were examined in developing a compensation package that was recommended by the Beard of Directors, and documented in the meeting minutes. | commended and    |
| approved by the Board of Directors, and documented in the meeting minutes.  |                  |

Schedule O (Form 990 or 990-EZ) (2018)

EEA