Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2018

Department of the Treasury

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

Open to Public Inspection

F Group Ex Number Check Frequired to a (Form 990, 9) I assets	identification number HCO H36Co number 202 396-7720 Itemption If the organization is not ttach Schedule B 90-EZ, or 990-PF). \$ ins for Part I) 1,102
F Group Ex Number Check Frequired to a (Form 990, 9) I assets	number 202 396-7720 temption if the organization is not ttach Schedule B 90-EZ, or 990-PF). \$ is for Part I) 1,102
F Group Ex Number Check > 7 required to a (Form 990, 9 I assets	202 396-7720 cemption if the organization is not ttach Schedule B 90-EZ, or 990-PF). \$ as for Part I) 1,102
F Group Ex Number Check > 7 required to a (Form 990, 9 I assets	202 396-7720 cemption if the organization is not ttach Schedule B 90-EZ, or 990-PF). \$ as for Part I) 1,102
F Group Ex Number Check > 7 required to a (Form 990, 9 I assets	semption if the organization is not ttach Schedule B 90-EZ, or 990-PF). start I) 1,102
Number Check Check required to a (Form 990, 9) assets instruction 1 2 3 4 5c	ttach Schedule B 90-EZ, or 990-PF). \$ as for Part I)
Number Check Check required to a (Form 990, 9) assets instruction 1 2 3 4 5c	ttach Schedule B 90-EZ, or 990-PF). \$ as for Part I)
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1 2 3 4	1,102
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3 4 5c	4
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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

Cat. No 10642i

Form 9	190-EZ (2018)					Page 2
	t II * Balance Sheets (see the instructions	s for Part II)		······································		
	Check if the organization used Schedu	ile O to respond to a	ny question in this		<u> </u>	
			1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments) -	1,728 13,050		1,184
23	Land and buildings) 	13,050	23	13,050
24 25	Other assets (describe in Schedule O) Total assets			14.778		14,234
26	Total liabilities (describe in Schedule O)		<u> </u>	14,770	26	17,20
27	Net assets or fund balances (line 27 of colum		<u></u>	14,778		.14,234
Par				Part III)		
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part III		Expenses
Nhat	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
as m perso	ribe the organization's program service accomp easured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the			orga othe	nizations; optional for
28						
	(Grants \$) If this amou				28a	
29	(Grants 9) it trits amoun				204	
			•			
	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	> 🗆	29a	
30						•
	(Grants \$) If this amou				30a	•
31	Other program services (describe in Schedule O (Grants \$) If this amount)			31a	
32	Total program service expenses (add lines 28	a through 31a)		•	32	
	List of Officers, Directors, Trustees, and K Check if the organization used Schedu	ey Employees (list each	n one even if not com	pensated—see the ir		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	BB (e)	
Rev	Stephen E Young utive Director	1				
	la J Thompson		1)	4	
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	n A Young		· · · · · · · · · · · · · · · · · · ·	<u>'</u>	4-	
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	-		Ť
	change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		-
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	000		
39	Section 501(c)(7) organizations. Enter:	١.	, ,	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ļ		·
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			,
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			· ·
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		.,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100	-	~,
_	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		*	,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Washington, DC			
42a		202 39		0
h	Located at ► 5110 Nannie Helen Burroughs Ave , NE ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	201	Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	No ✓
	If "Yes," enter the name of the foreign country ▶	,		Ť
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ų,,		1
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Voe." Farm 000 must be	Γ	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		· /
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodula O			
AE-	explanation in Schedule O	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	\
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1.	٤	7
	Form 990-EZ. See instructions	45b		1

Form 99	10-EZ (2018)			•			age 4
46	Did the organization e						No
_ :	to candidates for publ			Parti		. 46	√
Part		(3) Organizations c)(3) organization		stions 47–49b and	52, and complete th	e tables for lin	es
		anization used Sch	nedule O to respond	to any question in the	nis Part VI		. п
	Officer in the org	anization dada oci	icadio o to respond	·	1131 (21. 4)	Yes	No
47	Did the organization of year? If "Yes," complete			section 501(h) electio	n in effect during the		1
48	Is the organization a so	hool as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E	. 48	1
49a	Did the organization m					. 49a	✓
b	If "Yes," was the relate	ed organization a se	ection 527 organizatio	n?		. 49b	√
50	Complete this table fo						
	employees) who each	received more than	\$100,000 of comper	nsation from the organ	nization. If there is non-	e, enter "None.'	'
	(a) Name and title of eac	h employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amo other compensa	
						 	
				-			
			· · · · · · · · · · · · · · · · · · ·				
51	Total number of other Complete this table for \$100,000 of compens (a) Name and business a	or the organization'	s five highest compounization. If there is no	ensated independent		Compensation	than
						· · · · · · · · · · · · · · · · · · ·	
					<u> </u>	<u> </u>	
d	Total number of other	independent contra	actors each receiving	over \$100,000	>		
52	Did the organization completed Schedule		ule A? Note: All se	ction 501(c)(3) organ	nizations must attach	ı a .▶∐ Yes ∐	No
	penalties of perjury, I declare to	nat I have examined this i					
	L L	o. or proposor (ornor triar					
Sign Here	Signature of office Bull Type or print nar	c & Thor	npson, BR	SECRETARY ENDA J. THO	MASON 8/2	3/19	•
Paid	I Keith M. Dukes 1		Preparer's signature)/h/ Da	te Check Self-emplo		26
Prep Use	arer	The Bean Counter, LL	c /	·	Firm's EIN ▶	26 0757802	
<u> </u>		2904 Arden Forest La			Phone no	443 418-7976	
May t	he IRS discuss this retu	rn with the preparei	r shown above? See i	nstructions		► ✓ Yes 🗌	No

Form 990-EZ (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

20**18**

Open to Public Inspection

Employer identification number Name of the organization 204164366 The Washington Metropolitian Community Development Corporation Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s) (I) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization M Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	 -			1	1	(0.7.1.1
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	ļ				 _	
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)		,			•	,
6	Public support. Subtract line 5 from line 4				1		
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(ć) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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			,			
12	Gross receipts from related activities, etc.	/(see instruction	ons)			12	
13	First five years. If the Form 990 is for/th		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he		· · · · · ·	<u> </u>		<u> </u>	_ · · · - 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6					14	%
15	Public support percentage from 2017 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/2% support test—2018. If the organi						
	box and stop here. The organization qua						
b	331/s% support test—2017. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization.	eets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here.	Explain in
b		ation meets the neets the "fact	e "facts-and-d ts-and-circum: 	circumstances stances" test.	" test, check The organizati	this box and some on qualifies as	stop here. a publicly
18	Private foundation. If the organization di instructions						

Part III 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.)

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	on A. Public Support		1 4 5 6 6 6	4 3 0040	(D 2247)	() 2010	(0 T
_	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		1			ł	
•	received. (Do not include any "unusual grants.")		504		8000	1102	9606
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			ï			
	unrelated trade or business under section 513				ł		
4	Tax revenues levied for the						
	organization's benefit and either pald to						
	or expended on its behalf		1		į	ļ	
5	The value of services or facilities			·			
	furnished by a governmental unit to the					i	
	organization without charge				ļ		
•	Total. Add lines 1 through 5		504		8000	1102	9606
6 7a	Amounts included on lines 1, 2, and 3		304		8000	1102	7000
/a	received from disqualified persons .						
			 				
Ь	Amounts included on lines 2 and 3		1		ļ		
	received from other than disqualified		[]			1	
	persons that exceed the greater of \$5,000		}		ŀ	1	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						f 9606
8	Public support. (Subtract line 7c from			a (1: 1:00 - 14.	
	line 6.)	,	!			•	
Secti	on B. Total Support		****		-		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		504		8000	1102	9606
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
	royalties, and income from similar sources .			12		1	12
ь	Unrelated business taxable income (less		-	-			
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975				ŀ	l l	
_			 				
C			 	12			12
11	Net income from unrelated business						
	activities not included in line 10b, whether		1'				
	or not the business is regularly carried on	<u> </u>	<u> </u>				
12	Other income. Do not include gain or		1			ļ	
	loss from the sale of capital assets			1			
	(Explain in Part VI.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		504	12	8000	1102	9618
14	First five years. If the Form 990 is for the	e organization	n's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop he						🕨 🗹
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8	3, column (f), d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2017 Sch	nedule A, Part	III, line 15 .			16	%
Section	on D. Computation of Investment Inc	come Perce	ntage	<u> </u>	<u> </u>	<u> </u>	
17	Investment income percentage for 2018 (I			v line 13 colur	nn (fl)	17	%
18	Investment income percentage from 2017	Schedule A	Part III. line 17	, 10, COIUI	(1)	18	
19a	331/a% support tests—2018. If the organi	ization did not	check the how	 . on line 14			%
	17 is not more than 331/3%, check this box	and ston here	The organization	n qualifice co c	o mie 15 is MC	ne man 331/3%	•
b	331/s% support tests—2017. If the organiz	ation did ast s	hook a bawar !	no 14 au lina 4:	Publiciy suppoi	teu organizatio	n . ▶ 🗆
U	line 18 is not more than 331a% check this k	auvii ulu nol C	Neck a DOX ON II	rite 14 or line 19	ea, and line 16	s more than 33	1/3%, and
20	line 18 is not more than 331/3%, check this b	ook and stop n	iere. The organiz	adon qualifies	as a publicly su	pported organiz	ation > _
20	Private foundation. If the organization die	not check a	box on line 14,	19a, or 19b, cl	heck this box a	nd see instruct	ions > 🗍

Part IV **Supporting Organizations**

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	aπ v	<u>.) </u>				
Secti	on A. All Supporting Organizations			- 12			
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing	İ		•			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.						
_		1	 				
2	Did the organization have any supported organization that does not have an IRS determination of status	ſ					
	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		2					
	(b) and (c) below.	3a					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 3a					
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the						
c		3b					
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c					
4a			-				
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign						
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	,					
	despite being controlled or supervised by or in connection with its supported organizations.	4b					
C			1				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1					
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)						
	purposes.	4c					
5a		,					
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ŀ					
	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	,	1 .				
	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	5a					
•	designated in the organization's organizing document?	5b					
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c					
6	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	ĺ		!			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		,			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	,					
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity						
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		4				
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8					
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		,				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .						
ь		9a					
U	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.		احدا	.1			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b					
-	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	9c	-				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			٠ ١			
	supporting organizations)? If "Yes," answer 10b below.	100		لـــــــــــــــــــــــــــــــــــــ			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a					
	determine whether the organization had excess business holdings.)	10h					

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	•	1	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ŀ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			'
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ŀ	·	!
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1	ļ	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u></u>		
-	supervised, or controlled the supporting organization.	2	L	<u> </u>
Secti	on C. Type II Supporting Organizations			
	•		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		•	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
		1	<u> </u>	<u> </u>
Secti	on D. All Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ŀ	1	,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	٠,	,	-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		-	نــــا
•		1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		İ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			لـنــا
•		2		├
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.	3		لننا
Saati	on E. Type III Functionally Integrated Supporting Organizations	3	L	l
1			-4:	_1
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test, Complete line 3 below.	nstru	cuon	S).
a b	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	sae in	cta .ct	ional
2	Activities Test. Answer (a) and (b) below.	11 D D D	Yes	
- a	••		165	140
•	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> 2a</u>		
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			. 1
	reasons for the organization's position that its supported organization(s) would have engaged in these	,		,
	activities but for the organization's involvement.	- CL		
3		2b		71
	Parent of Supported Organizations. Answer (a) and (b) below.			, i
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
_		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			تــــ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan!	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income	··	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part Vi):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		·
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	· · · · ·		
2	Underdistributions, if any, for years prior to 2018			
-	(reasonable cause required—explain in Part VI). See			۱,
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013		•	
b				
c	From 2015			
d	From 2016			
e	From 2017			i
f	Total of lines 3a through e			i
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
 -	Carryover from 2013 not applied (see instructions)			1
<u>_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	, , , , , , , , , , , , , , , , , , , ,		
•	Section D, line 7.			
a	Applied to underdistributions of prior years			
<u>b</u>				
5	Remaining underdistributions for years prior to 2018, if			
9	any. Subtract lines 3g and 4a from line 2. For result]
	greater than zero, explain in Part VI. See instructions.	1		
6	Remaining underdistributions for 2018. Subtract lines 3h			!
ъ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014 .			•
Ь	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е				
		Lit		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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