OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 20 2018, and ending For the 2018 calendar year, or tax year beginning C Name of organization ALTOONA RESCUE MISSION D Employer identification no. Check if applicable 23-1555452 Address change Doing business as Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Name change (814) 695-5931 Initial return PO BOX 3288 G Gross receipts City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 66.322 ALTOONA, PA 16603 Amended return Yes EDWIN CHAPPELL H(a) is this a group return for subordinates? Application pending Name and address of principal officer H(b) Are all subordinates included? Yes No 6TH AVE., ALTOONA, PA 16602) (insert no) If "No." attach a list (see instructions) Tax-exempt status 501(c) (Website N/JGroup exemption number Corporation Trust X Association Year of formation State of legal domicile Form of organization Part I Summary Bnefly describe the organization's mission or most significant activities SHELTER TO THE POOR PROVIDE FOOD. CLOTHING. AND NEEDY. Activities & Governance Check this box _ _ _ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 38 0 **Current Year** Contributions and grants (Part VIII, line 1h) 18,353 29,101 Revenue Program service revenue (Part VIII, line 2g) 35,228 37,173 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 10 48 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column # 12 53,591 66,322 Grants and similar amounts paid (Part IX, column (A), lines 1-9) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) O Total fundraising expenses (Part IX, column (D), line 25) <u>56,020</u> 52,751 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 56,020 52,751 Revenue less expenses Subtract line 18 from line 12 · · · · · · · · <u>(2,4</u>29 13,571 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 193,236 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 193,236 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Here EDWIN CHAPPELL, PRESIDENT Type or print name and title Date X Print/Type preparer's name Paid self-employed D P OPPEL PA **Preparer** D P OPPEL ASSOCIATES Firm's name **Use Only** Phone no Firm's address 311 14TH STREET Duncansville PA 16635 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

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	n 990 (2018) ALTOONA RESCUE MISSION	23-1555452	Page 2
Pa	Int III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Bnefly describe the organization's mission		
	PROVIDE FOOD, CLOTHING, SHELTER TO THE POOR AND NEEDY.		
			
_			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ vac	□No
		· · · · · 📋 Tes	□ №
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	Services?	Vas	☐ No
	If "Yes," describe these changes on Schedule O.	100	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ 52,751 including grants of \$ 29,101) (Revenue	\$)
	PROVIDE FOOD, CLOTHING, SHELTER FOR THE POOR AND NEEDY.	·	
			. <u> </u>
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		· · · - · ·	
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
			′
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4θ	Total program service expenses 52,751		
EEA		Forn	n 990 (2018)

8) ALTOONA RESCUE MISSION Checklist of Required Schedules Form 590 (2018) Part IV

Ц.,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ŀ	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ŀ	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- -		i i
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ان		<u> </u>
8	complete Schedule D, Part III	8		Х
_	·			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		W********	CONTRACT S
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	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			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	Х
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 answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · · ·	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		Х
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,			
U	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
4 E	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	 		
15		15		v
	tor any toroign digamentation. It is on complete company to the incident			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	4.0		v
	, , , , , , , , , , , , , , , , , , ,	16	-	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			17
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	\sqcup	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	أكا	ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		Form	99n (20	118)

Pa	Int 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		105	T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			-
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		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	ļ	↓
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	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?		Ì	İ
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ì	ľ	1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	١,		1
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ļ	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	206		v
		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		١,,
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	25		╁
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		1
	complete Schedule N, Part II	32		Х
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37] .	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X_	

V 450 W				T
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	SZASANSKA	2003222
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1988		9/2/8
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-2-2-2-2-E-2-2	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, secunities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country.			***
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	8		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	XXXXXXXXX	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7.c_		_X_
d_	If "Yes," indicate the number of Forms-8282-filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter	***		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O			

ALTOONA RESCUE MISSION

Ŗă	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		<u></u>	<u>· 🛛 _</u>
Sec	tion A. Governing Body and Management			
		Decoure and	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · · 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			İ
	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		Х
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			
a	The governing body?	8a	X	
b-	Each committee with authority to act on behalf of the governing body?	8h	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X *>******	cio. 8/3/3
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	١.,		
	describe in Schedule O how this was done	12c		1,
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	363 X 752	X
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	24.E32.4	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		243	
	with a taxable entity during the year?	16a	90 03060	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	465		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania Pennsylvania Pennsylvania			
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			
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Form 990 (2018)				
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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, a	nd
	Independent Contractors			_
			1	1 1

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (F) (A) (B) (D) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) from related other

	week (list any hours for							from the	related organizations	compensation
· · · · · · · · · · · · · · · · ·	related organizations - below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former †		(W-2/1099-MISC)	- from the organization - and related - organizations
(1) CLAIR CHAPPELL TRUSTEE	3.00_	х						O	0	0
(2) MIKE DULL TRUSTEE	3.00_	Х						0	0	0
(3) JOEY HELSEL TRUSTEE	3.00	Х						0	0	0
(4) GARY WILLIAMS TRUSTEE	3.00	Х						0	0	0
(5) EDWIN CHAPPELL PRESIDENT	10.00			Х				0	0	0
<u>(6)</u>										
(7)										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

	390 (2018) ALTOONA RESCUE MIS								<u> </u>	23-1555	452 Page 8
Part	VII Section A. Officers, Directors, Trustees, I	Key Employe	es, an	ıd H	ighe	st C	ompr	ensa	ited Employees (c	ontinued)	
	(A) Name and title	(B) Average hours per week (list any	box, u	unless	Posi neck mi ss pers d a dire	son is rector/	than one s both an r/trustee)	n	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual or director	Institutional bustee	Officer	Key employee	Highest compensated employee	Former	n!	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>			+	\vdash		\vdash	-	\dagger			
<u>(16)</u>				\vdash		-		T			
<u>(17)</u>			.								
(18)								T			
<u>(19)</u>			+								
(20)						<u> </u>					
(21)											
(22)									The second secon		
(23)											
(24)											
(25)											
1b c	Sub-total			• • •	• •			>			
d	Total (add lines 1b and 1c)		. <u></u>	. <u>.</u>	· <u>·</u>	· <u>·</u>	· <u>· · ·</u>	>		0	0
2	Total number of individuals (including but not limited	to those liste	ed abov	ve) v	who	rece	ived n	nore	than \$100,000 of	0	
	reportable compensation from the organization				—						Yes No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		-	-	e, or	higi	hest c	omp	ensated		3 X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$	portable comp \$150,000? <i>If</i> '	pensation "Yes," o	ion a <i>com</i>	nplete	e Sc	chedule				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Did any person listed on line 1a receive or accrue co	compensation	from a	any u	unrela	lated	d orgar	· · nizat			4 X
Secti	for services rendered to the organization? If "Yes," colon B. Independent Contractors	omplete Scne	edule J	for:	sucr	ı pei	rson	—		• • • • • • • • • • • • • • • • • • • •	5 X
1	Complete this table for your five highest compensate	ed independe	ent cor	ntrac	tors	that	recer	ved r	more than \$100,00	0 of	
	compensation from the organization. Report compenser										
	(A)				_				(B)		(C)
	Name and business address			_					Description of	services	Compensation
				_	_						
				—		—					 -
						_					
2	Total number of independent contractors (including t			ose I	ister	l abr	ove) w	/ho		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·

Form 96	0 (20	18) ALTOONA RESCUE MISS	ION			23-15554	52 Page 9
Part \	VIII S	Statement of Revenue	• • • • • • • • • • • • • • • • • • • •			,	
		Check if Schedule O contains a response or r	ote to any line in thi	s Part VIII		<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ភ ស	1a	Federated campaigns · · · · · · 1a		and the second	//CONTINUED OF A THE PERSON	TOTAL STATE OF THE	or mains the property of the second
oun	ь	Membership dues · · · · · · · 1b					100
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
	d	Related organizations · · · · · · · 1d		. College College	A CONTROL CONTROL	and the second	alino de pinto de la compa
	θ	Government grants (contributions) · · 1e	ļ				
er S	f	All other contributions, gifts, grants,					
gē		and similar amounts not included above 1f	29,101				
ago	g	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f		29,101	www.antiniii.in		
<u>e</u>			Business Code				
Ve II		THRIFT STORE	448000	37,173	37,173		
å	b				ļ		
Š	C						
Program Service Revenue	a						
gran	•	All other program service revenue · · · · · ·		 			
5		Total. Add lines 2a-2f		27 172			
				37,173	**************************************	\$2,000 and \$1,000 and	2005/2019/24/2019/2019/2019
	3	Investment income (including dividends, interest, and other similar amounts)		48	48		
	4	Income from investment of tax-exempt bond prod		40			
		Royalties	_				
Other Revenue	b c d 7a b c d 8a b c c 9a b c 10a b	Gross income from gaming activities See Part IV, line 19	(ii) Other				
	11a b				·		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					

12 Total revenue. See instructions

23-1555452

O18) ALTOONA RESCUE MISSION Statement of Functional Expenses

Part IX 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	*		<u> X</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) / Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments See Part IV, line 21	•			
2	Grants and other assistance to domestic		•		
	ındıviduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		•		
5	Compensation of current officers, directors,				
	trustees, and key employees			•	
6	Compensation not included above, to disqualified		,		,
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			•	
	section 401(k) and 403(b) employer contributions) · ·			<u>,</u>	
9	Other employee benefits			-	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fecs for services (non-employees).				
a_	_Management_ · · · · · · · · · · · · · · · · · · ·		<u> </u>	,	
b	Legal				<u> </u>
C	Accounting				
d	Lobbying		,	,	•
е	Professional fundraising services See Part IV, line 17	•			
f	Investment management fees	•	1		
g	Other. (If line 11g amount exceeds 10% of line 25, column	•		,	
	(A) amount, list line 11g expenses on Schedule O)				•
12	Advertising and promotion				
13	Office expenses	539	539 ·		
14	Information technology			, -	
15	Royalties · · · · · · · · · · · · · · · · · · ·		• •		
16	Occupancy · · · · · · · · · · · · · · · · · · ·			•	
17	Travel				
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				,
20	Interest · · · · · · · · · · · · · · · · · · ·	<u></u>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,008	6,008	• ,	
23	Insurance	2,111	2,111	1	None was a second secon
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	BUILDING MAINT EXPENSE	7,276	7,276		•
b	POSTAGE EXPENSE	70	70		
C	SUPPLIES EXPENSE	13,176	13,176		,
d	REAL ESTATE TAXES	1,735	1,735		,
0	All other expenses .	21,836	21,836		
25	Total functional expenses. Add lines 1 through 24e .	52,751	52,751	. 0	0
26	Joint costs. Complete this line only if the	•			
	organization reported in column (B) joint costs from a combined educational campaign and		,	٠,	,
	fundraising solicitation Check here			,	'
	following SOP 98-2 (ASC 958-720)				

23-1555452

Part X

ALTOONA RESCUE MISSION

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 33,275 Cash - non-interest-bearing 13,697 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 7 8 10,018 8 10,018 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 234,338 Less accumulated depreciation 10b b 155,951 149,943 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 179,666 193,236 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 23,248 23,248 28 28 29 156,418 169,988 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total net assets or fund balances 193,236 179,666 34 Total liabilities and net assets/fund balances 179,666 193,236

		23-15554.	52	Р
₽ã	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		• • • • •	<u>··</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			66,
2	Total expenses (must equal Part IX, column (A), line 25)	· 2		52,
3	Revenue less expenses Subtract line 2 from line 1	. 3		13,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		17	79,
5	Net unrealized gains (losses) on investments	· 5		
' 6	Donated services and use of facilities	· 6		
7	Investment expenses	· 7		
8	Prior period adjustments	· 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	. 10	19	93,
Рa	त्राः Financial Statements and Reporting			
~~~	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes
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	<del></del>		
	Schedule O			
			wronner m	ON STREET
2a	· Were the organization's financial statements compiled or reviewed by an independent accountant? · · · · · · · · · ·		.   2a	Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes." check a box below to indicate whether the financial statements for the year were compiled or		2a	X
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a	X
2a	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:		2a	<u>X</u>
	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:  Separate basis  Consolidated basis  Both consolidated and separate basis		2a	X
	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:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			X 
	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:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			X
	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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			<u>X</u>
b.	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:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis			X
b.	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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		2b	<u>X</u>
b.	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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  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?			<u>X</u>
b.	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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain in		2b	X
b.	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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2b	<u>X</u>
b	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:    Separate basis		2b	X
b.	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:    Separate basis		2b	<u>X</u>
b. c	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:    Separate basis		2b	<u>X</u>

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#### **SCHEDULE A**

Internal Revenue Service

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

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ALT	OON	A RESCUE MISSION			<del></del>		23-15554				
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete t	his part.	) See instruction	s			
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	one box )			_			
1		A church, convention of churches, or a	association of churc	ches described in <b>sectio</b> r	170(b)(1)	(A)(i).	/	$\gamma a$			
2		A school described in section 170(b)(	1)(A)(ii). (Attach Sc	hedule E (Form 990 or 9	90-EZ))		L	) [			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	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 P		•							
6		A federal, state, or local government o		t described in section 17	0(b)(1)(A)	(v).					
7	Ħ	An organization that normally receives	•			-	n the general public				
-		described in section 170(b)(1)(A)(vi).					•				
8	П	A community trust described in sectio		(Complete Part II )							
9	П	An agricultural research organization of			ed in coniu	nction with	a land-grant college				
•	ш	or university or a non-land-grant college									
		university	ge of agriculture (or	,	, , , , , , , , , , , , , , , , , , ,	,, a o					
10	$\overline{\mathbf{X}}$	An organization that normally receives	: (1) more than 33	1/3% of its support from	contributio	ns. membe	ership fees, and gros	S			
	-	receipts from activities related to its ex									
		support from gross investment income									
		acquired by the organization after June									
11	П	An organization organized and operate									
12	Ħ	An organization organized and operat	•	•			carry out the purpose	es			
	ш	of one or more publicly supported orga									
		Check the box in lines 12a through 12									
	а	Type I. A supporting organization						5			
	•	the supported organization(s) the	•	•		-					
		supporting organization You mus			y or the un	00.0.0 0	201000 01 1110				
	b	Type II. A supporting organization			ite eunnarti	ed organiz:	ation(s) by having				
	U	control or management of the sup						ı			
		organization(s) You must comple			30113 (114)	,0111101 01 11	nanage the supported	•			
	_	Type III functionally integrated.	•		ction wath	and function	anally integrated with				
	С	its supported organization(s) (see	· · ·								
	-4	_						٠١			
	d	Type III non-functionally integra that is not functionally integrated									
							t and an attentivenes	3			
	_	requirement (see instructions) You Check this box if the organization	•				Type II Type III				
	0					a Type I, I	ype ii, Type iii				
		functionally integrated, or Type III		· · · · · · · · · · · · · · · ·							
	f ~	Enter the number of supported organic Provide the following information about									
	g 			(iii) Type of organization	(iv) is the or	manuration	(v) Amount of monetary	(vi) Amo	unt of		
	(1	Name of supported organization	(ii) EiN	(described on lines 1-10		r governing	support (see	other supp			
				above (see instructions))	docum	ent?	instructions)	instruc	tions)		
					Yes	No					
				· - <u></u> .	103						
(A)											
				<del></del>							
(B)											
(C)											
(D)											
(E)											
<del>-</del>											

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

990 or 990-EZ) 2018 ALTOONA RESCUE MISSION
Support Schedule for Organizations Described in Section 509(a)(2) Partill

(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.)

Se	ction A. Public Support	, <u></u>				<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Giffs, grants, contributions, and membership fees	20, 202	40 175	42 522	18,353	29,101	162,544
2	received (Do not include any "unusual 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	30,383	42,175	42,532 37,449			151,109
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	62,589	71,228	79,981	33,581	66,274	313,653
7a	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						
8	Public support. (Subtract line 7c from						313,653
Se	ction B. Total Support	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR					
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · ·	62,589	71,228	79,981	33,581	66,274	313,653
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65	29	12	10	48	164
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·	65	29	12	10	48	164
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · ·	62,654	71,257	79,993	33,591	66,322	313,817
	First five years. If the Form 990 is for the org organization, check this box and stop here	<u>.</u> .		or fifth tax year as a	section 501(c)(3)		
Se	ction C. Computation of Public Su	<del>' '                                  </del>					
15	Public support percentage for 2018 (line 8, co					15	99.95 %
16	Public support percentage from 2017 Scheduction D. Computation of Investme					16	99.97 %
17	Investment income percentage for 2018 (line			ımn (fi)		17	0.00 %
18	Investment income percentage for 2016 (line Investment income percentage from 2017 Sci					18	0.00 %
	33 1/3% support tests - 2018. If the organiza	ition did not check tl	he box on line 14, a	and line 15 is more	than 33 1/3%, and	line	
b	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this b	ition did not check a	ı box on line 14 or l The organization qı	ine 19a, and line 16 ualifies as a publich	6 is more than 33 1 y supported organiz	/3%, and ation	
20	Private foundation. If the organization did no	t check a box on lin	e 14, 19a, or 19b,	cneck this box and	see instructions	<del> </del>	

. Part IV **Supporting Organizations** 

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)	_	
Sect	ion A. All Supporting Organizations			
		,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	3350	***	10000
2	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization-that-does-not-have-an-IRS-determination	-		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	_		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b		<b>3339</b> 0		
	designated in the organization's organizing document?	5b		25.98522
C	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	7	¥7,28	
	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.	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	NAKE JOSKAN	54000ix-00
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	2680395	500000056.	\$3000 PLANE
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

determine whether the organization had excess business holdings.)

Pa	Supporting Organizations (continued)			
		Dell'arrays	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	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		
Sec	tion B. Type I Supporting Organizations		W	N.
_		888883.83	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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	200	2252	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	228698	2004.32	3344
•	Did the association associate for the honefit of any associated association other than the associated			
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, supervised, or controlled the supporting organization.	2		20222
500	tion C. Type II Supporting Organizations	<u> </u>	L	
360	tion of Type in 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		*****	483
<u>.</u>	-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	7774	25.55
Sec	tion D. All Type III Supporting Organizations		L	<del></del>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			(NO) 8
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			3/
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	All Control	3200.733
		223	3033.2	22.00
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			288
<del></del>	supported organizations played in this regard.	3		L
	tion E. Type III Functionally Integrated Supporting Organizations		41000	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	Struc	uoris,	۱٠
a	The organization satisfied the Activities Test Complete line 2 below.			
b	<ul> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (</li> </ul>	lega ir	etruc	tions
с 2	Activities Test. Answer (a) and (b) below.	,000 //	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2233333	***	X100
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	27077058	20020000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<b>343</b>		23
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ALLONG !	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
==	trustees of each of the supported organizations? Provide details in Part VI.	3a	***************************************	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize	atio	ns must complete Section	s A through E.
Section A. Adjusted Not Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Filor fear	(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	1		
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).			
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):			Address Committeen and Francisco
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,	T-		
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-functionally	inte	grated Type III supporting	organization (see
instructions).			

<b>Rai</b>	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	tations (continued)	<del> </del>
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
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 which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, it any, to 2018		Entrance Display of Conf. Primaries Aspenden.	
а	From 2013			
ь	From-2014			
—с-	-From-2015—			
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	dinama. "Igraniminininininininininininininininininin	
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	Sorte Address Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commission Commissi		
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.		\$6.500 A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO A SE SOTO	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			00000000000000000000000000000000000000
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	RESULTS TO THE PRODUCTION OF THE PARTY TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH		
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е	Excess from 2018 · · · ·			

	n 990 or 990-EZ) 2018 Page 8
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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<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.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

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

AL	COONA RESCUE MISSION	23-1555452
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	
	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	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferning 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 a certified his	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	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 organization	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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation of	easements during the year
	<b>)</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	lescribes trie
Pa	organization's accounting for conservation easements  rt III   Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or ommar Addeto.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	halance sheet
Ia	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
<b>.</b>	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide the following amounts relating to these items	10.01.00
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	(II) Assets included in Form 990, Part X	
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	Origo ale
_	Revenue included on Form 990, Part VIII, line 1	\$
a	Assets included in Form 990, Part X	
D	Assers included in FDIIII MMU PALLA - + + + + + + + + + + + + + + + + + +	<del> </del>

	ule D (Form 990) 2018 ALTOONA RESCUE	MISS	TON					23-1555				
Pa	rt III Organizations Maintaining C	ollecti	ons of A	rt, Histo	rical Tre	asures, c	or Other	er Similar Asse	ets (continuea)			
3	Using the organization's acquisition, accession,	and othe	r records, c	heck any o	of the follow	ing that are a	a signific	ant use of its				
	collection items (check all that apply)											
а	Public exhibition		d $\square$ Lo	an or excha	ange progra	ams						
b	Scholarly research				J- 1 - J -							
c	Preservation for future generations		· 🗀 •					·· <del>·····</del>				
4	Provide a description of the organization's collect	tions and	d evolain he	w they fur	her the ora	anization's e	vemnt ni	mose in Part				
•	XIII.	Alloris and	a explain no	ow they lun	iner the org	anization 5 C.	vembr b	arpose iii i dit				
_			nations of a	et biotopor	l transition	or other our	ular					
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Do				of the orga	nizations	collection?	<del></del>		· ·   163   140			
Га	rt IV Escrow and Custodial Arrang Complete if the organization ar			n Earm	000 Bar	t IV lina Q	or rei	norted an amou	int on Form			
	· · · · · · · · · · · · · · · · · · ·	1244616	:u 165 C	JII FOITII	330, Fai	t iv, iiie ə	, or rep	Joiled an amou	int on romi			
	990, Part X, line 21.				4			<del></del>	·			
1a	Is the organization an agent, trustee, custodian of											
	•				• • • • •	• • • • • •	• • • •		· · 📙 Yes 📙 No			
b	If "Yes," explain the arrangement in Part XIII and	i complet	te the follow	ving table:								
								Am	ount			
C	Beginning balance	• • • •	• • • • • •	• • • • •	• • • • •	• • • • •	10	:				
d	Additions during the year				• • • • •		10	1				
θ	Distributions during the year						10	)				
f	Ending balance						• • 11					
2a	Did the organization include an amount on Form	990, Pa	rt X, line 21	, for escro	w or custod	ial account li	ability?		· · · 🗌 Yes 🔃 No			
b	If "Yes," explain the arrangement in Part XIII Ch	eck here	of the expla	anation has	been provi	ded on Part	XIII		<u> []</u>			
Pa	rt V Endowment Funds.											
	Complete if the organization ar	nswere	d "Yes" c	on Form	990, Par	t IV, line 1	0.					
		(a) Cu	rrent year	(b) Pr	tor year	_ (c) Two year	s back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance				·							
b	Contributions						•					
С	Net investment earnings, gains, and		-						<del></del>			
	losses											
d	Grants or scholarships		-		•				· · · · · · · · · · · · · · · · · · ·			
0	Other expenditures for facilities and			1				<del> </del>	<del></del>			
•	programs											
f	Administrative expenses	ļ					-		<del></del>			
g	End of year balance	<u> </u>		†	· -							
2	Provide the estimated percentage of the current	vear end	t halance (I	ine 1a coli	ıma (a)) he	ld as		L	<del></del>			
- a	Board designated or quasi-endowment	year ene	% %	c 19, con	(۵// 1.0	iu us						
b	Permanent endowment %		<i>"</i>									
	Temporarily restricted endowment		%									
·	The percentages on lines 2a, 2b, and 2c should											
20				n that are b	old and ad	ministered fo	r tha					
3a	Are there endowment funds not in the possessio	in or the	organization	n mai are n	ieiu ariu aui	ministered to	i trie		Yes No			
	organization by								3a(i)			
	(i) unrelated organizations · · · · · · ·							• • • • • • • • •	3a(ii)			
_	(ii) related organizations			an Cabadi					3b			
			•		lle R? · ·				30			
4 Do	Describe in Part XIII the intended uses of the org		ns endown	ient iunas	· · · · · · · · · · · · · · · · · · ·	<del></del>						
rai	Land, Buildings, and Equipm Complete if the organization ar		d "Vac" c	n Eorm	000 Barl	HV line 1	12 50	- Form 990 Pa	rt Y line 10			
	<del></del>				1							
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Book value			
	<del></del>		(investm	ient)	(0	other)	, a	epreciation				
1a	Land	⊢		-	<u> </u>		<u> </u>					
b	Buildings	$\cdots$		· · · · · · · · · · · · · · · · · · ·	ļ2	234,338		84,395	149,943			
С	Leasehold improvements	⋯⊢			ļ							
d	Equipment	⊦_			<u> </u>							
ө	Other				<u> </u>							
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 9	90, Part X,	column (B)	), line 10c )			<u> </u>	149,943			

(1) Francal derivatives (2) Closely-held equity interests (3) Other (AC (AC (AC (AC (AC (AC (AC (AC (AC (AC	(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(a) Description of security or category	(b) Book value	(c) Method of	
(2)   Closely-held equily interests   (A)   (B)   (B)   (C)   (C	(3) Closely-held equity interests (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	/4\	' (including name of security)			market value
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(S) (C) (D) (E) (E) (F) (G) (H) Teal (Column (a) must equal Form 990, Part X, cot (B) less 12) [Part X/III] Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investments (b) Book value (c) Book value (c) Book value (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(G) (C) (C) (D) (E) (E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	· · —				
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(E) (F) (G) (G) (H) Test (Column (a) insist equal From 990, Part X, col (B) ine 12)  [RankWill   Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (e) Book value (f) (2) (3) (4) (-15) (6) (7) (8) (8)  Total, (Column (a) insist equal From 990, Part X, col (B) ine 13)  [Value of the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value (f) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)					
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Other Liabilities.   Complete If the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) must equal Form 990, Part X, cot (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
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Line 25.   1.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (2)   (2)   (3)   (4)   (4)   (5)   (6)   (6)   (7)   (8)   (9)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (1)   (2)   (3)   (4)   (4)   (4)   (5)   (6)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)	I (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Rart X		ered "Yes" on Form 990	), Part IV, line 11e or 11f. See	Form 990, Part X,
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chedule D (Form 990) 2018 ALTOONA RESCUE MISSION	, 2:	3-1555452 Page 4
Raconciliation of Revenue per Audited Financial Statements		
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.		
a 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 )		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		29
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	,	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )	· <del>  </del>	
c Add lines 4a and 4b		4c
		5
Part XIII Reconciliation of Expenses per Audited Financial Statemen		er Return.
Complete if the organization answered "Yes" on Form 990, Part		
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.		
a Donated services and use of facilities	1	
	<del> </del>	
	<del>-  </del>	
	<u> </u>	2e
-e—Add-lines_2a_through_2d		_3_
•	,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-	-3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990. Part VIII, line 7b 44	· .	
	<del> </del>	
b Other (Describe in Part XIII )	<del></del>	
		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Provide 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 X, line		
P. Part 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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## SCHEDULE O

Department of the Treasury

Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

ALTOONA RESCUE MISSION 23-1555452 01. Form 990 governing body review (Part VI, line 11) 990 PROVIDED FOR REVIEW PRIOR TO MAILING TO THE IRS. 02. Governing documents, etc, available to public (Part VI, line 19) FORM 990 IS AVAILABLE TO ANY ONE AT THE MISSION OFFICE IN ALTOONA, PA 03. List of other expenses (Part IX, line 24e) LIST OF OTHER EXPENSES ALREADY REPORTED-NO ADDT'L INFO REQUIRED ON SCH O