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proc as orig.

				Short Form			- 1	OMB No 1545 1150
_	·	99	O-EZ	Return of Organization Exempt From Incom	ne T	ľa v	Γ	
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							2018	
		14	Open to Public					
)epsr	tment of	the Treasury	Do not enter social security numbers on this form as it may be man		101	JЩ	Inspection
Ĭ	ntern	al Reven	ua Service	► Go to www.lrs.gov/Form990EZ for instructions and the latest Info	ormati	ort		
7	\ Fc	or the 2	2018 calend	ar year, or tax year beginning July 1 , 2018, and end	ling	j	une 30	, 20 19
E	3 Ch	eck it spi	plicable.	C Name of organization		D Empi	oyer ide	entification number
Į	_	ddrese ch	-	GOLDEN GENERATIONS, INC.		L	23	3-2624207
Ļ	_	eme char	-	Number and street (or P O. box, if mail is not delivered to street address) Room/s	uite	E Telep	hone nu	ımber
F	= "	Mairetur Dairetur	r Vterminated	2900 PALLANZA DRIVE SOUTH			72	7-471-8683
į	_	mended r		City or town, state or province, country, and ZIP or foreign postal code	1	F Grou	ıp Exer	πption
	<u> </u>	oplication	pending	ST, PETERSBURG, FL 33705	<u>)')</u>		nber 🕨	}
(ng Method:	☑ Cash ☐ Accrual Other (specify) ►	. Н	Check	▶ 🗹 H	f the organization is not
ı		ebsite:		GOLDENGENERATIONS.ORG				ach Schedule B
				ack only one) — 1 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 52	7	(Form 9	30, 990	0-EZ, or 990-PF).
				✓ Corporation ☐ Trust ☐ Association ☐ Other				
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or \$500,000 or more, file Form 990 instead of Form 990-EZ	if total	assets	_	
	_				•		*	
ı	76	rt I		e, Expenses, and Changes in Net Assets or Fund Balances (se			ctions	tor Part I)
				the organization used Schedule O to respond to any question in this	Part I	•••		<u> </u>
		1		ons, gifts, grants, and similar amounts received		٠.	1	80,347
	- 1	2 3		ervice revenue including government fees and contracts	•	• •	2	0
	1	4	Investmen	ip dues and assessments	•		3	0
	-	 5a				• •		0
		b		or other basis and sales expenses			· 'I	
		G		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	•
	- {	6	•	nd fundraising events:		• .	00	0
		a	-	ome from gaming (attach Schedule G if greater than			1 - M	
	9	u	\$15,000)				·	
	Revenue	ь		ome from fundraising events (not including \$ 2,738 of contri	bution)S	1.50	
	.≩∣	_		raising events reported on line 1) (attach Schedule G if the			i	
	"			ch gross income and contributions exceeds \$15,000) 8b		O	1.4	
	- 1	c	Less: dire	ct expenses from gaming and fundralsing events 8c		2.736	1]	
		d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b at	nd sul		1	
~~	、 l		line 6c)				6d	2,735
ίλ		7a	Gross sale	s of inventory, less returns and allowances		0		
\succ	Ž	b	Less: cost	of goods sold		0	1, 1	
T	ζ	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
2	•	8		enue (describe in Schedule O)			8	23,232
$\int \int$		9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	106,315
~ ,		10	Grants an	d similar amounts paid (list in Schedule O)			10	0
	ļ	11	Benefits p	aid to or for members			11	0
	S	12	Salaries, o	other compensation, and employee benefits			12	12,293
	Su	13	Profession	nal fees and other payments to independent contractors			13	7,120
	Expenses	14		ry, rent, utilities, and maintenance			14	14,339
	Ø	15	Printing, p	sublications, postage, and shipping			15	481
		16	Other exp	enses (describe in Schedule O)			16	3,270
		17	Total exp	enses. Add lines 10 through 16	· ·	<u> </u>	17	37,022
-	Ø	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	69,293
-	Sel	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must			}	\
,	AS			ar figure reported on prior year's return)			10	76,586
-	Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		• •	20	0
`		21		s or fund balances at end of year. Combine lines 18 through 20	<u> </u>	. >	21	145,879
ن	For	Paper	work Reduc	rtion Act Notice, see the separate instructions. Cat. No. 106	3421			Form 990-EZ (2018)

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omn'	990-EZ (2	018)			1		Page 2
Рa	rt II	Balance Sheets (see the instructions	for Part II)				, ago _
		Check if the organization used Schedule	O to respond to an	y question in this F	Part II		[7]
					(A) Beginning of year		(B) End of year
22		i, savings, and investments		[7,483	22	20,477
23		and buildings			69,103	23	70,667
24		r assets (describe in Schedule O)				24	58,235
25		lassets			76,586		149,379
26		I liabilities (describe in Schedule O)				26	3,500
27		assets or fund balances (line 27 of column			76,586	27	145,879
- eu	t III	Statement of Program Service Accommoded in the organization used Schedule	one menor de co	e instructions for P	art III)		Expenses
Vha	is the	organization's primary exempt purpose?			Part III 🔽	(Rec	juired for section
							c)(3) and 501(c)(4)
sп	neasure	e organization's program service accompli d by expenses. In a clear and concise m refited, and other relevant information for ea	nanner, describe the	services provided,	ogram services, the number of	othe	nizations; optional for rs.)
28		ses for conferences and travel for 1 staff and					

	(Grant	s\$) If this amount	Includes foreign gra	nts, check here .	🕨 🗀	28a	3,270
29							

	(Grant	s \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	0
30	******						1
	(Grants	o @	includes foreign gra			00-	
31		program services (describe in Schedule O)				30a	0
••	(Grant		includes foreign gra			31a	, [
32	Total ;	program service expenses (add lines 28a				32	
	t IV	List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not comp	ensated-see the in	stru	
		Check If the organization used Schedule	O to respond to ar	ny question in this l	Part IV		<u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
		uber/CEO	40	12,400		<u> </u>	
	ayle Inc d Chair	~ · · · · · · · · · · · · · · · · · · ·	10	ĺ		0	•
	n Watts		10			⇈	
	surer		5	l		0	o
	Lauren)					
	d Memb		5	0		0	
Vyk i	a Davis						
Proc	ram Par	rticipant/Student	5	0		0	
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Form **990-EZ** (2018)

Form 990-EZ (2018) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions > [37a] 37b 36a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 . . . 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4912 ▶ ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed 42a The organization's books are in care of ▶ Juanita L. Suber 727-471-86B3 Telephone no. ▶ Located at ► 2920 Pallanza Drive South, St. Petersburg, FL 33705 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 ▶ □ and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b 44c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of 45b

Form 990-EZ (2018)

Form 99	30-EZ (20	018)						P	age 4
46	Did th	ne organization engage, directly or in andidates for public office? If "Yes," o	directly, in political complete Schedule C	ampaign activities of	on behalf of	or in appositi		Yes	No
Part		Section 501(c)(3) Organizations		Parti	· · · · ·	· · · · ·	46	<u> </u>	✓
		All section 501(c)(3) organizations		stions 47_49h and	1 52 and	complete the	tables (or lin	00
		50 and 51.	s made answer que	300113 41 -40D BIIC	י מינו (somblere me	(aDies i	OF III I	62
		Check if the organization used Sch	nedule O to respond	to any question in	this Part \	r.			
					tino i circ i	<u>' : :</u>	<u> </u>	Yes	No
47	Did th	ne organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a s			at during the t	ax 47		
48		organization a school as described in				F	48	+	7
49a		e organization make any transfers to					49a	 	7
b	If "Ye	s," was the related organization a se	ction 527 organizatio	n?			49b	+	
50	Comp	plete this table for the organization's	five highest compens	ated employees (or	ther than of	ficers, directo	rs, truste	es, an	d key
	emplo	byees) who each received more than	\$100,000 of comper	sation from the org	anization. I	f there is none	, enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per weak devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	IRh benefits, ins to employee ns, and deferred pensation	(e) Estimate other cor		
NONE									
					 -				
						- 			
				<u> </u>					
f		number of other employees paid over				•		_	-
51		plete this table for the organization' ,000 of compensation from the orga			nt contract	ors who each	received	more	than
	(a)	Name and business address of each independ	tent contractor	(b) Type of s	ervice	(c)	Componsat	ion.	
NONE									
									
,		***************************************							
									
				-					
d	Total	number of other independent contra	ctors each receiving	over \$100,000	. >		0		
52	Did	the organization complete Schedu pleted Schedule A				must attach	a .▶☑ Ye	s 🔲	No
Under thue, co	penalties orrect, an	of perjury, I declare that I have examined this id complete. Declaration of preparer (other than	return, including accompar n pifficery's bayed on all info	rying schedules and state ormation of which prepar	ements, and to er has any kno	the best of my kr wiedge	ns egbelwo	d bellef	, It Is
		wante to	d Kus			11/30	12019	,	
Sign		Signature of officer				Date / /	,		
Here	•	Juanita L. Suber/CEO			· · · · · · · · · · · · · · · · · · ·	1/30/2019			
		Type or print name and title	/ 		Data		PTIN		
Paid	Ś	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo	l If [
•	arer	Finds same N		l	—Т	Firm's EIN ▶	,		
Use	Only	Firm's name ▶				Phone no			
May	the IRS	discuss this return with the prepare	r shown above? See	instructions	<u> </u>		► 🕜 Ye	s 🗆	No
						_	Form 9	90-E	Z (2018)

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SCHEDULE A (Form 990 or 990-EZ)

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.

2018

OMB No 1545-0047

Depart	ment of the Treasury		► Attach to Form 990 or Form 990-EZ. Open t					
	Revenue Service	وبردي فنبي والمناوية والمناوية والمناوية	to www.irs.gov/Fo	m990 for instructions a	Inspection			
	of the organizatio					number		
GOLDEN GENERATIONS, INC. 23-262 Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction								
								ns.
1 2 3 4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
5	section 17	0(b)(1)(A)(iv). (Camp	olete Part II.)			•		al unit described in
6 7	An organiza	state, or local governation that normally in section 170(b)(1)	recelves a subst	mental unit described tantial part of its supp e Part II.)	in section port from	a govern	(1)(A)(v). nmental unit or from	the general public
8	A commun	ity trust described ir	section 170(b)	(1)(A)(vi). (Camplete F	Part II.)			
9	or university:	y or a non-land-grai	nt college of agri	in section 170(b)(1)(culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or
10	receipts fro	m activities related m gross investment	to its exempt fur income and unr	o than 331/3% of its sunctions—subject to co elated business taxab 5. See section 509(a	ertain exc ele incom	eptions, : e (less se	and (2) no more that ection 511 tax) from	1 331/3% of its
11				sively to test for public				
12	of one or r	nore publicly suppo	rted organization	ively for the benefit of ns described in sect i cribes the type of sup	on 509(a))(1) or se	ction 509(a)(2). Sec	section 509(a)(3).
а	the sup	ported organization	(s) the power to	, supervised, or contri regularly appoint or e ite Part IV, Sections	lect a ma	ority of t		
b	control	or management of t	the supporting o	ed or controlled in co rganization vested in t V, Sections A and C.	the same			
C				ing organization oper ns). You must compl				illy integrated with,
d	that is r	not functionally integ	grated. The organ	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement an	
9				a written determinationally integrated sur				ell, Type III
f		mber of supported o						
g		ollowing information orted organization	about the supp	orted organization(s). (iii) Type of organization (described on lines 1-10	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions)	docur	nent?	instructions)	Instructions)
					Yes	No		
(A)								
(B)	,							
(C)	1							
(D)	!							
(E)								

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Schedul	le A (Form 990 or 990-EZ) 2018						Page 2
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0014	#1 0045	43.0040	(-1) 0047	(-) 0040	/0. Table
Caren	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	membership fees received. (Do not include any "unusual grants.")	_					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	AND THE RESIDENCE		TOTAL ACCOUNT OF SALES			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
-	on B. Total Support	(-) 0044	1 0015 (1 101 0010	(4) 0047	(-1.0040	49.7-4-1
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop free.	ne organizatio					
Secti	ion C. Computation of Public Suppo	rt Percentag	је				
14	Public support percentage for 2018 (line					14	%
15	Public support percentage from 2017 Sc	hedule A, Part	II, line 14			15	%
16a	331/s% support test—2018. If the organ box and stop here. The organization qua	lization did noi	t check the bo	X ON IINE 13, 2 Cornenization	ind line 14 is 3	373% or more,	Check this
b	331/3% support test-2017. If the organ	ization did not	t check a box o	on line 13 or 1	6a, and line 15	is 331/a% or n	nore, check
17a	and the provided the second that the second						
ь	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets to meets the "fact	he "facts-and- cts-and-circum	circumstances stances" test.	test, check The organizat	this box and tion qualifies as	stop here. s a publicly . ► □
18	Private foundation. If the organization of	lid not check a	a box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	see
	instructions	<u> </u>	<u> </u>		· · · · ·	<u> </u>	

Schadule A (Form 990 or 990-EZ) 2018

Page 3

Part							
	(Complete only if you checked the	ne box on line	10 of Part I	or if the organ	nization failed	to qualify	under Part II.
Cooti	If the organization fails to qualify	under the tes	its listed belo	ow, please co	mplete Part I	i.)	· · · · · · · · · · · · · · · · · · ·
	on A. Public Support	(-) 0044	# 1 00 c F	4.1.0046	10000	41.55.6	
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	received. (Do not include any "unusual grants.")	ام	13374	41298	76586	10631	15 227572
2	Gross receipts from admissions, merchandise	<u>*</u>	13374	41276	70380	1003	15 237573
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	l ol	o	ĺ	ol		0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0		0		0 0
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	0	0		0		0 0
0	furnished by a governmental unit to the				1		
	organization without charge	o	n		0		0
6	Total. Add lines 1 through 5	o	13374	41298	41298	1063	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	O	0	0	0		0 0
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	إ			ا		
_	Add lines 7a and 7b	0	0	- 0	- 0		0 0
С 8	Public support. (Subtract line 7c from	U	U	0	0	01975777403449	0 0
•	line 6.)						237573
Secti	on B. Total Support	El Battist Garages (19. 1922)		a territoria de la comparta de la c			(4)
Calen	der year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	13374	41298	76586	1063	15 237573
10a	Gross income from interest, dividends,			:			
	payments received on securities loans, rents, royalties, and income from similar sources.		_		_}		
.	•	0	0	0	0		0 0
b	Unrelated business taxable income (less section 511 taxes) from businesses	1					
	acquired after June 30, 1975	o	Q	o	o		0
c	Add lines 10a and 10b	0	0	0	0		0 0
11	Net income from unrelated business						
	activities not irroluded in line 10b, whether						
	or not the business is regularly carried on		0	0	0		0 0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	0	o		0		0 0
13	Total support. (Add lines 9, 10c, 11,			0	U		0 0
	and 12.)	اه ا	13374	41298	76586	1063	15 237573
14	First five years. If the Form 990 is for the	ne organization				ar as a sec	
	organization, check this box and stop he	re		<u>.</u> .			▶ ☑
	on C. Computation of Public Support						
15	Public support percentage for 2018 (line		•			15	<u>%</u>
16	Public support percentage from 2017 Sci on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·		16	%
17	Investment income percentage for 2016			hy line 13 colu	ma (A)	17	%
18	,			-		18	//
19a	made had been been a second of the second of						
198	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . >						zation . 🕨 🔲
b	331/3% support tests-2017. If the organiz						
-	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported org	ganization 🕨 🔲
20	Private foundation, if the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see ins	tructions 🕨 🗌
					Sch	edule A (Form	990 or 990-EZ1 2018
	RE	CEIVED BY	' IRS-EEF	AX 09/	29/2020	4:36PM	(GMT-05:00)

Schedule A (Form 990 or 990-EZ) 2018

Page 4

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 Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the origanization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)(8) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or 'more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 5,09(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

Schedul	9 A (Form 990 or 990-EZ) 2018	Page 5
Part		rage
		Yes No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	116
	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
Secti	on B. Type I Supporting Organizations	
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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
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
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
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 the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1 a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	22
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> 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? <b>Provide details in Part VI.</b>	3a
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Schedule A (Form 990 or 990-EZ) 2016

Scriedule A (Form 990 of 990-EZ) 2018			Page <b>0</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	в	· · · · · · · · · · · · · · · · · · ·	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year);			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1 <b>d</b>		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	
3 Subtract line 2 from line 1d.	3	<u> </u>	<b></b>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of hon-exempt-use assets (subtract line 4 from line 3)	5		
8 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		
8 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-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

3-

Schadule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See Instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E-Distribution Allocations (see instructions) **Underdistributions** Distributable **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 From 2015 d From 2016 e From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3l from 3f. Distributions for 2018 from Section D, line 7: Applied to underdistributions of prior years Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4. 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. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: Excess from 2014 Excess from 2015 . Excess from 2016 . d Excess from 2017 . Excess from 2018 .

Supplemental Information, Provide the explanations required by Part II, line 10; Part IV, Section AI, line 12, gat IV, Section AI, line 12, gat IV, Section AI, line 12, gat IV, Section CI, line 12, part IV, Section DI, line 12, gat IV, Section DI, line 13, gat IV, Section		om 990 or 990-EZ) 2018	Page 8
	Part VI	Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; PB, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and F	art IV, Section . lines 1c. 2a. 2b.
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