9

<sub>Form</sub> 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

Z010

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public
Inspection

		iue Service	3								
A F	or the	2018 calend	ar year, or tax year beginning January ] , 2018, and ending C Name of organization	Decem	ber_	31 <b>, 20</b> <sub>18</sub>					
Вс	heck if ap	plicable-	D Emp	loyer ıd	entification number						
	Address cl	hange	Benton Utilities Share Program, Inc.	26-6	5-0743646						
	Name cha	nge	E Telep	elephone number							
<u></u>	nitial retur	n	1827 Dale Avenue	E 0.1	215	2255					
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	_		-2255 mption					
=	Amended		~~		up Exe nber 1	•					
		n pending	Benton, Ar $72015$				·				
		ing Method.	☐ Cash ☐ Accrual Other (specify) ► H			f the organization is	not				
	/ebsite					ach Schedule B					
J Ta	ax-exem	npt status (che	eck only one) — 🗓 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 9	90, 99	D-EZ, or 990-PF).					
KF	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other	-							
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	i assets							
			5500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢						
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		ctions	for Part IV					
			the organization used Schedule O to respond to any question in this Part I								
	4				ì	<del></del>	ᆜ,				
	1		ons, gifts, grants, and similar amounts received		1	57553.10					
	2		ervice revenue including government fees and contracts		2						
	3		ip dues and assessments		3						
	4	Investment			4	126.97					
	5a	Gross amo	ount from sale of assets other than inventory 5a								
	b	Less: cost	or other basis and sales expenses		₩. 4 ·						
	C	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c						
	6		d fundraising events:								
_	a	_	ome from gaming (attach Schedule G if greater than								
ē	"	\$15,000)			i						
Revenue	<b>.</b>	•	me from fundraising events (not including \$ of contribution		1 1						
Š	b			15							
Œ			raising events reported on line 1) (attach Schedule G if the		1						
	ŀ		ch gross income and contributions exceeds \$15,000)								
			t expenses from gaming and fundraising events 6c								
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract							
		line 6c) .			6d						
	7a	Gross sale	s of inventory, less returns and allowances				_				
	b	Less: cost	of goods sold		1						
. •	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
	8	•	nue (describe in Schedule O)		8		<del></del>				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	F7600 07	—				
	10			<u></u>	10	57680.07					
<b>)</b>			, a per contract the contract to the contract	·	<del> </del>	<del></del>					
)	11			<b>7</b> 0}	11	53285.00					
e S	12	Salaries, o	ther compensation, and employee benefits	S-0.8(	12	<del></del>					
בול בול	13	Profession	al fees and other payments to independent contractors: . APR. 2.0 2013.	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	13						
Expenses	14	Occupancy	y, rent, utilities, and maintenance	一定!	14						
フゴ	15	Printing, pi	ublications, postage, and shipping	·\	15	150.00					
= =	16	Other expe	enses (describe in Schedule O)	لبـــبـ	16						
=	17		enses. Add lines 10 through 16	. ▶	17	53435.00					
	18		(deficit) for the year (Subtract line 17 from line 9)		18	4245.07					
ets,	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		4747.07					
SS	-		ar figure reported on prior year's return)		19	06010 00					
Net Assets	20		nges in net assets or fund balances (explain in Schedule 0)			96319.33					
2	20				20						
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. >	21	100564.40					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2018)



			· · · · · · · · · · · · · · · · · · ·			<u> </u>
Pa		•		Down II		
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year	<del></del>	(B) End of year
22	Cash, savings, and investments		<u> </u>	06319.33	Ļ	100564.40
23	Land and buildings			,0317.33	23	100304.40
24	Other assets (describe in Schedule O)				24	
25	Total assets			6319.33	25	100564.40
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column			06319.33	27	100564.40
Par	<b>—</b>	•		•		Expenses
\M/ha	Check if the organization used Schedule is the organization's primary exempt purpose?					ured for section
	ribe the organization's primary exempt purpose:					(3) and 501(c)(4)
as m	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	services provided	, the number of	other	• •
28	The Share Program provide utility	y assistance t	o 411 needy t	ouseholds		
	in 2018 by paying a portion on t	neir utility b	oills.			
						50005 00
29	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	28a	53285.00
29						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗀	29a	
30						
	/O	vanis dan farasan ara			20-	
31	(Grants \$ ) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here		30a	
٠.		includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	53285.00
Par		• • •	•		nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this (c) Reportable	Part IV	<del></del>	<u> U</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	ot	Estimated amount of their compensation
Cha	a-Bridgesirperson	2	0	0		0
	esa Stevens	2				0
	e Chairperson				4	
	th Harris asurer	2	0	0		0
	Leslie	<u> </u>			+	
	ber	2	0	0		0
	ia Morrison	2	0	0		0
	ber		0	0		0
	n Austin ber	2	0	l o		0
	ise Ayers					
	ber	2	0	0		0
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		{				
	· · · · · · · · · · · · · · · · · · ·				+	
		1				
					<del> </del>	
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t	7	
	•	

Part	· · · · · · · · · · · · · · · · · · ·			-9-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
•	•	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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		X
С	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		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			<b></b>
b	Did the organization file Form 1120-POL for this year?	37ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨		x
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			Λ.
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		:	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	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, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		$\overline{\mathbf{x}}$
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Brent Houston. Telephone no. ▶ (50	1)31	5-22	255-
b	Located at - 1827 Dale Avenue, Benton, Arkansas ZIP + 4 - 72  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	015-	5028 <b>Yes</b>	<b>-</b>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶	42b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	<b>▶</b> [.]
AA-	Did the example to maintain any depay advised funds during the user If "Ves." Farm 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	explanation in Schedule O	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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 Form 990-FZ. See instructions	45h		v

Form 99	0-EZ (2	, D18)							Page 4
46	Did th	ne organization engage, directly or in	directly in political c	amnaign activities	on hehalf o	of or in apposition		Yes	No
40		ndidates for public office? If "Yes," co					46	<del></del>	X
Part \	VI	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	estions 47–49b ar	nd 52, and	complete the ta		or lin	es
		Check if the organization used Sch	edule O to respond	to any question i	n this Part	<u>VI</u>	<u> </u>	Yes	. L
47		he organization engage in lobbying : If "Yes," complete Schedule C, Part		section 501(h) elec		-	47	res	X
48 49a	ls the	organization a school as described in ne organization make any transfers to	section 170(b)(1)(A)(i	ı)? If "Yes," comple	te Schedule	eE	48 49a		X
ь 50	If "Ye	es," was the related organization a seconder this table for the organization's oyees) who each received more than	ction 527 organization five highest compen	on?	other than	officers, directors,			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	. , , , ,	Estimate other con		
							-		
51	Com \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest componization. If there is no	ensated independe one, enter "None."		1			thar
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c) Co	mpensat	ion	
				1					
					<del> </del>				
				-	<del></del>				
	T-4-1								
52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	_				Yes		No
Under p	enalties rect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompar officer) is based on all info	nying schedules and stat ormation of which prepa	ements, and t rer has any kn	o the best of my knowl owledge.	edge and	d belief	, it is
Sign		Signature of officer			- /	3/28/20 Date	79		
Here		Lisa Bridges Type or print name and title							
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check I if self-employed	PTIN		
Use (		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparer	snown above? See	instructions		<u> ▶</u>	☐ Yes	<u> </u>	No

## **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Benton Utilities Share Program, Inc.

**Employer identification number** 26-0743646

Par	t I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The c	_	ization is not a private founda				-	•		
1		church, convention of church							
2		school described in section						'	
3		hospital or a cooperative hos						E	an thus
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 Part II.)								
6		federal, state, or local govern							
7	_	In organization that normally lescribed in section 170(b)(1)		•	port from	a gover	nmental unit or fron	the g	eneral public
8		community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete f	Part II.)				
9		ın agricultural research organı							
	u	r university or a non-land-grainiversity:	-	·	·		-		_
10	XXA	n organization that normally receipts from activities related	eceives: (1) more	e than 33½% of its sunctions—subject to co	apport fro	om contril	butions, membership and (2) no more tha	o fees, n 331 <i>n</i> 9	and gross % of its
	S	upport from gross investment	income and uni	related business taxal	ole incom	ne (less se	ection 511 tax) from	busine	sses
4.4		cquired by the organization a		-		-	•		
11		n organization organized and	•	•					
12		in organization organizod and if one or more publicly suppo	•	-				•	
		Check the box in lines 12a thro							
a	Ē	Type I. A supporting organ	•	••		-	•		_
,-		the supported organization	•	•	•				
		supporting organization. Ye							
b		Type II. A supporting organ							
		control or management of				porsons	that control or man	ago tho	supported
	_	organization(s). You must	=						
С	L	Type III functionally integ its supported organization(						ally inte	gratod with,
d		Typo III non-functionally i							
		that is not functionally integ	,	•	•		•	d an at	tentiveness
	_	requirement (see instruction	•	_					
е	L	Check this box if the organ functionally integrated, or 1						e II, Typ	e III
f	En	ter the number of supported o		•					
g		ovide the following information							
		ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi)	Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)		support (see structions)
						T	,		
					Yes	No			
(A)									
(B)									
(C)				<del>-</del>					
<del></del>									
(D)									
(E)									
Tota		· · · · · · · · · · · · · · · · · · ·							

Part	Il Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked to						alify under /
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	1 1 20011	# N 0045	( ) 0040	1 1 2 2 4 7	4 > 2042	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid			]		/	
	to or expended on its behalf			İ			
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3					•	
5	The portion of total contributions by				/		
	each person (other than a						
	governmental unit or publicly		1		13/		
	supported organization) included on						
	line 1 that exceeds 2% of the amount			302			
^	shown on line 11, column (f)	15116112161136136 632161311111111111					
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support			1	Company of the second		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(6) 2010	(6) \$010	(u) 2017	(6) 2010	(i) iotai
8	Gross income from interest, dividends,			/	_		
·	payments received on securities loans,						
	rents, royalties, and income from		/	ĺ			
	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	/	12.55 Telephone		40		
12	Gross receipts from related activities, etc	s (see instruction	ons)		773 24 THE RESERVE   18 THE RESERVE	12	
13	First five years. If the Form 990 is for the	· /	-	d. third. fourth	or fifth tax ve		n 501(c)(3)
	organization, check this box and stop he	, -			-		`````
Secti	on C. Computation of Public Suppo	rt Percentag	е			··.·	<del></del>
14	Public support percentage for 2018 (line					14	%
15	Public support percentage from 2017 Sci					15	%
16a	331/3% support test-2018. If the organ						check this
	box and stop here. The organization qua	•		•			-
b	331/3% support test—2017. If the organi						
	this box and stop here. The organization	•		_			▶ 📙
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the "						
	organization				zation qualifies	as a publicly	supported □
b	10%-facts-and-circumstances test—2	017 If the eres	anization did a	not chack a ba	v on line 12 1	6a 16h ar 17	a and line
D	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
/	supported organization						▶ □
18	Private foundation. If the organization di	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						▶ □

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			-	· · · · · · · · · · · · · · · · · · ·		-
Calen	dar year (or fiscal year beginning in) 📳	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	61060				_	
	received. (Do not include any "unusual grants.")	02000	60930	59060	58119	57553	296722
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		-				alo
_							76-671-76
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3		,		<u> </u>		a ay ta
10	received from disqualified persons .	61060	60930	59060	58119	59553	296722
L.	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			ļ			
c	Add lines 7a and 7b				1		OND
8	Public support. (Subtract line 7c from	h Sugaring market is to a langua.		ALCO PORT OF SAME	37 - Calcabia		- ( ) - (
	line 6.)	Manuscription of the second	esses (1000 a Manhamma strans)	ma walining som registre		Total Angles Market	269172
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🖾	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	61060	60930	59060	58119	59553	296722
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	385	101	177	145	127	025
	royalties, and income from similar sources .	J65	101	1//	143	127	935
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	385	101	1	1.5		
С 11	Net income from unrelated business	-	101	177	145	127	935
''	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,	61//5	61001	50007	50064	57600	207657
	and 12.)	61445	61031	59237	58264	57680	297657
14	First five years. If the Form 990 is for the	•			•		
	organization, check this box and stop he				• • • • •		· · · L#J
	on C. Computation of Public Suppor			40 1 (0)		1.5	
15	Public support percentage for 2018 (line 8						99.69 %
16 Sacti	Public support percentage from 2017 Schon D. Computation of Investment In			• • • • •	• • • • •	16	99.65 %
17	Investment income percentage for 2018 (			v line 13 coli	ımn (fl)	17	.31 %
18	Investment income percentage from 2017			•		<del></del>	.35 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organiz		_			-	**
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🔞 🗌

#### 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**

1	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 organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? It "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)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- 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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Part	Supporting Organizations (continued)		Γ.	
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)		Yes	No
b	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 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.  ion B. Type I Supporting Organizations	11c		<u> </u>
Secu	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-	Tes Tes	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	ion 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 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	Yes	No
Secti	ion 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?	n in the second	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<del></del>		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I 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 cntity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.			ions).
а	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 <b>Part VI identify those supported organizations and explain</b> 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	i Ka	
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<del></del>		(1) (A) (A)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	1	(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):	\$2.5 \$7.5 \$7.5		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	:	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<b>克斯特拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>	
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-functional instructions).		tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Section D—Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	, , , , , , , , , , , , , , , , , , , ,
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 whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			,
Sect	ion 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 <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018	Street British	NATIONAL PROPERTY.	
а	From 2013		<b>建设设施</b>	
, <b>b</b> ,	From 2014			
	From 2015	And Color of the Color		
d	From 2016			
е	From 2017			14 m
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			7-14-14-14-14-1
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)		TENER OF THE STATE	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		\$749E	
4	Distributions for 2018 from Section D, line 7: \$	100		
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.		•	
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	A Maria Company of the Company of th	行和	
8	Breakdown of line 7:		Weight Park Salaran	
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
ę	Excess from 2018 .	A A STATE OF THE S	11.25 34.24654	

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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