SCANNED JAN 29

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### **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

**Open to Public** ▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. , 2018, and ending JULY 1 JUNE 30 20 A For the 2018 calendar year, or tax year beginning 19 B Check if applicable C Name of organization D Employer identification number Address change C.PREGNANCY CENTER OF RITCHIE COUNTY INC 26-143077 Room/suite E Telephone number Name change Number and street (or P.O box, if mail is not delivered to street address) Initial return 304 643-2171 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > ELLENBORO WV 26346 Application pending ✓ Cash Accrual Other (specify) ▶ G Accounting Method. H Check ► ✓ If the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 

✓ 501(c)(3) 

□ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or □527 ☐ Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.......... Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 1 1 28,234 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . 3 4 Investment income 4 14 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold . . . . . . . . . . . . b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe in Schedule O) . . . . . . 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 28,248 10 Grants and similar amounts paid (list in Schedule O) 10 8 11 Benefits paid to or for members . . . . . . . 11 12 12 Salaries, other compensation, and employee benefits . 6,000 Expenses 13 Professional fees and other payments to independent contract 13 509 14 14 Occupancy, rent, utilities, and maintenance . . . 9,153 15 Printing, publications, postage, and shipping. 15 786 16 Other expenses (describe in Schedule O) . . . 16 7,995 17 Total expenses. Add lines 10 through 16. 17 24,443 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . . . . 19 13,723

Other changes in net assets or fund balances (explain in Schedule O) . . . Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

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17,527

Form **990-EZ** (2018)

Page 2
 End of year 17,527
17,527
17,527
xpenses d for section and 501(c)(4) tions, optional for
4,005
235

Par	t II	Balance Sheets (see the instructions		•			
		Check if the organization used Schedule	e O to respond to a	ny question in this			· · · · 🗆
				Ļ	(A) Beginning of year	ļ	(B) End of year
22	Cast	h, savings, and investments		[	13,723		17,527
23		d and buildings				23	
24		er assets (describe in Schedule O)				24	
25	-	al assets			13,723		17,527
26		al liabilities (describe in Schedule O)		H		26	
27		assets or fund balances (line 27 of column			13,723	27	17,527
Part	Ш	Statement of Program Service Accom					Funance
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Rec	Expenses juired for section
What	is the	organization's primary exempt purpose?		······································		501(	c)(3) and 501(c)(4)
as m	easure	e organization's program service accompled by expenses. In a clear and concise n	nanner, describe the	f its three largest p e services provided	rogram services, d, the number of	orga othe	inizations, optional for rs.)
		nefited, and other relevant information for e	ach program uue.	<u> </u>		<b></b> -	7
		TTACHMENT 2 ND 12 NEW CLIENTS WITH 140 VISITS AND VC	LUNTEERS GAVE 97	4 HOURS LAST YEA	R		
	(Grant	s\$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	4,005
		TTACHMENT 2					
	WE HA	AD 12 NEW CLIENTS WITH 140 VISITS AND VO	LUNTEERS GAVE 97	4 HOURS LAST YEA	R	ĺ	
					·		
	(Grant		includes foreign gra			29a	235
30	SEE A	TTCHMENT 2					
	(Grant	e \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	: includes foreign gra	inte chack hara	<b></b>	30a	
		program services (describe in Schedule O)				004	
	(Grant		includes foreign gra			31a	
		program service expenses (add lines 28a				32	<del> </del>
32	iviai	program service expenses (and mins zon	unoughora,			IJZ.	1 4.240
Part		List of Officers, Directors, Trustees, and Ke					dtions for Part-IV)
			y Employees (hist each	rone even if not com	pensated see the in	etru	ctions for Part IV)
		List of Officers, Directors, Trustees, and Ke	y Employees (list cach O to respond to at (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated see the in Part IV	ee (e)	etions for Part-IV)
		List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list cach O to respond to at (b) Average	n one even if not com ny question in this (c) Reportable	pensated see the in Part IV	ee (e)	ctions for Part IV)
Part	IV	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list cach O to respond to at (b) Average hours per week	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part-IV)
Part ANITA	N ROGE	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list cach O to respond to at (b) Average hours per week	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated see the ir Part IV	ee (e)	etions for Part-IV)
Part ANITA	ROGE	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title ERS - PRESIDENT	y Employees (list cach O to respond to as (b) Average hours per week devoted to position	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated see the ir Part IV	ee (e)	etions for Part-IV)
ANITA 204 E	ROGE LEANC	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  ERS - PRESIDENT  OR ST, PENNSBORO WV 26415	y Employees (list cach O to respond to as (b) Average hours per week devoted to position	none even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated soo the in Part IV	ee (e)	etions for Part IV)
ANITA 204 E CINDA 27 BU	ROGE LEANC A PERK	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  ERS - PRESIDENT  DR ST, PENNSBORO WV 26415  KINS - VICE PRESIDENT/DIRECTOR	y Employees (list cach o O to respond to an (b) Average hours per week devoted to position	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated soo the in Part IV	netru(	etions for Part IV)
ANITA 204 E CINDA 27 BU SAMU	ROGE LEANO A PERION IEL RO	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  ERS - PRESIDENT  DR ST, PENNSBORO WV 26415  KINS - VICE PRESIDENT/DIRECTOR  RUN RD, PENNSBORO WV 26415	y Employees (list cach o O to respond to an (b) Average hours per week devoted to position	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated see the ir Part IV	netru(	etions for Part IV)
ANITA 204 E CINDA 27 BU SAMU 204 E	ROGE LEANO A PERK RTON EL RO LEANO	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  ERS - PRESIDENT OR ST, PENNSBORO WV 26415  KINS - VICE PRESIDENT/DIRECTOR RUN RD, PENNSBORO WV 26415  IGERS - TREASURER	y Employees (list each o O to respond to an (b) Average hours per week devoted to position  12	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated see the ir Part IV	o o	etions for Part IV)
ANITA 204 E CINDA 27 BU SAMU 204 E JENIF	ROGE LEANO A PERK RTON EL RO LEANO ER SA	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  ERS - PRESIDENT OR ST, PENNSBORO WV 26415 KINS - VICE PRESIDENT/DIRECTOR RUN RD, PENNSBORO WV 26415 OR ST, PENNSBORO WV 26415 OR ST, PENNSBORO WV 26415 OR ST, PENNSBORO WV 26415	y Employees (list each o O to respond to an (b) Average hours per week devoted to position  12	none even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated see the ir Part IV	o o	etions for Part IV)
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Form 990-EZ (2018)

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
-			Yes	No
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	33.		✓
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		<b>√</b>
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		<b>√</b>
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		
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		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	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>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		_
Ū	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		<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ►	<b></b>	Vaal	Ala
b	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, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ►  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		✓
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> □
			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		<b>\</b>
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		<b>1</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
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	45:		
	Form 990-EZ. See instructions	45b		✓

•									
Form 99	90-EZ (2	2018)		<del> </del>					Page 4
46	Dìd t	he organization engage, directly or in	ndirectiv. In political d	campaign activities	on behalf of or	in oppositi	on	Yes	No
		indidates for public office? If "Yes," o	complete Schedule C						1
Part	VI	Section 501(c)(3) Organization		- t' 47 40b -	50 1	1 -4 - 41	4-1-14		
		All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47-49b a	na 52, and col	npiete the	tables i	or line	es
		Check if the organization used Sci	nedule O to respond	to any question	in this Part VI				. 🗆
								Yes	No
47	Did 1	he organization engage in lobbying? If "Yes," complete Schedule C, Par	activities or have a						,
48	•	e organization a school as described in					47	<del> </del> -	1
49a		he organization make any transfers t		·			49a		1
b		es," was the related organization a se					49b		
50		plete this table for the organization's oyees) who each received more thar							
	empi	oyees) who each received more than		(c) Reportable	(d) Health		, criter i		
	(a)	Name and title of each employee	(b) Average hours per week	compensation	contributions to benefit plans,		(e) Estimate other con		
			devoted to position	(Forms W-2/1099-MI	compen	sation		·	
NONE	<del> </del>								
								•	
				<u> </u>					
51		number of other employees paid over plete this table for the organization			ont contractors	who oach	rocoived	more	than
31		,000 of compensation from the orga			one contractors	WIIO CACII	160CIVCU	111010	·····
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)	Compensati	on	
			·						
NONE				1					
			·						
				•					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	····	<del></del>		<del></del>
52	Did	the organization complete Schedu	le A? <b>Note</b> : All se	ection 501(c)(3) o	_				
	enalties	of perjury, I declare that I have examined this r		ying schedules and stat	ements, and to the	best of my kno	► ✓ Yes wiedge and		It is
	rect, an	d complete. Declaration of preparer (other than	oncer) is based on all info	milation of which prepa	rei nas any knowled				
Sign		Signature of officer	·		Date				
Here		ANITA ROGERS - PRESIDENT			11/	06/2Ó19			
		Type or print name and title	Preparer's signature	<del></del>	Date	T	PTIN		
Paid Pren	~~~	Print/Type preparer's name				Check L. self-employe	ıf		

Paid **Preparer** 

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TLC PREGNANCY CENTER OF RITCHIE COUNTY INC

Employer identification number

ILC	PREG	VANCY CENTER OF RITCHIE C						30773
	rt I	Reason for Public Cha						ons.
The	organi	zation is not a private founda	ation because it i	s. (For lines 1 through	12, che	ck only or	ne box.)	
1		church, convention of churc					- · · · · · · · · · · · · · · · · · · ·	<b>X</b>
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		hospital or a cooperative ho						=
4	h	medical research organizationspital's name, city, and stat	e:	·				
5	S	n organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)					tal unit described in
6 7	□ A	federal, state, or local gover n organization that normally escribed in <b>section 170(b)(1</b> )	receives a subs	tantial part of its sup				n the general public
8	□ A	community trust described i	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
9	oı uı	n agricultural research organ runiversity or a non land gra niversity:	int college of agr	riculture (see instruction	ons). Ento	or the nan	ne, city, and state of	f the college or
	re su ad	n organization that normally ceipts from activities related upport from gross investmen cquired by the organization a	l to its exempt fu t income and un ifter June 30, 19	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exc ble incon a)(2). (Coi	ceptions, ne (less se mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its
11		n organization organized and						
12		n organization organized and						
	С	one or more publicly suppo heck the box in lines 12a thro	ough 12d that de	scribes the type of sup	oporting o	organızati	on and complete line	es 12e, 12f, and 12g.
d		Type I. A supporting organiate the supported organization supporting organization.	n(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b	) [	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vostod in	tho same			
C		Type III functionally integ						ally integrated with,
d		Type III non-functionally that is not functionally integred requirement (see instructionally i	grated. The orga	nization generally mu	st satisfy	a dıstribu	ition requirement ar	
е		Check this box if the organ functionally integrated, or						e II, Type III
f		er the number of supported o						
g	Pro	vide the following information	n about the supp	orted organization(s).			····	·
	(ı) Naı	ne of supported organization	(ii) EIN	(in) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Total

Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Cooti	Rart III. If the organization fails to on A. Public Support	quality unde	er the tests is	sted below, p	nease comple	ete Part III.)	
	on A. Peblic Support Idar 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.")	(a) 2014	<b>(b)</b> 2013	(6) 2010	(d) 2017	(e) 2010	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					J	
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 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		· ····		,		<del>,</del>
Calen	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						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	е		•	n, or fifth tax y		
	on C. Computation of Public Suppor				<del>\</del>		
14	Public support percentage for 2018 (line 6		-	1, column (f))	./	14	<u>%</u>
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organization qual box and stop here. The organization qual	zation did not	check the box		nd line 14 is 3	15   31/3% or more,	check this
b	331/3% support test—2017. If the organization of this box and stop here. The organization of	ation did not	check a box c	on line 13 or 16		is 33 <sup>1</sup> /3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization did instructions				a, or 17b, chec	k this box and	see ► □
					0.1		300 FT 0040

### 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	diddi the tee	nis listed belo	w, picaso co	impiete i dit i	.,	
	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.")	22336	28450	28620	29931	28234	137571
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	22330	20400	20020	2001	20204	
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	22336	28450	28620	29931	28234	137571
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						
· с 8	Add lines 7a and 7b						1
Secti	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	22336	28450	28620	29931	28234	137571
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	10	9	11	12	14	56
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	22346	28459	28631	29943	28248	137627
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2018 (line 8		•			15	99 %
16	Public support percentage from 2017 Sch			<u> </u>	· ·	16	99 %
	on D. Computation of Investment Inc				· · · · · · · · · · · · · · · · · · ·	11	
17	Investment income percentage for 2018 (I			-		17	1 %
18	Investment income percentage from 2017					18	1 %
19a	331/3% support tests—2018. If the organi 17 is not more than 331/3%, check this box a						
b	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	ıs more than 3	31/3%, and
20	Private foundation. If the organization de	=	-	•	•	-	=

## 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. A	NI	Supporting	Organ	izations
--------------	----	------------	-------	----------

			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.			,
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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 <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 <b>Part VI</b> 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.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		c
С	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 <b>Part VI</b> 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	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 <b>Part VI</b> , including (i) the names and EIN numbors 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>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class bonofited 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (ac defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
	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 <b>Part VI</b> .	9a		
	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 <b>Part VI.</b>	9b		
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 <b>Part VI.</b>	9c		] 
I0a	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		

Page	į

Part	Supporting Organizations (continued)			
			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
С	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		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		1	ŀ
	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.	1		L
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		ĺ
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		٠.	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	<u> </u>
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
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?	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			
	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	L	<u> </u>
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	5 <i>)</i> .
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,	_ 4 4	٠ ١
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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</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	1		
	that these activities constituted substantially all of its activities.			
<b>5</b>		2a		
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 "Ves." evaluation in Part VI the			
	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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V	jani	zations	· ==
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D—Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	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, it any, to 2018	et gr / it	· .	ı	
а	From 2013				
b	From 2014	· • -		-4 !	
С	From 2015			******	
d	From 2016		1		
е	From 2017		· · · · · · · · · · · · · · · · · · ·		
f	Total of lines 3a through e				
	Applied to underdistributions of prior years		<u> </u>		
	Applied to 2018 distributable amount				
<u>!</u>	Carryover from 2013 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	•			
4	Distributions for 2018 from Section D, line 7: \$			1	
	Applied to underdistributions of prior years				
a b	Applied to underdistributions of prior years  Applied to 2018 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
<del></del> _	Remaining underdistributions for years prior to 2018, if				
J	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 Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.				
8	Breakdown of line 7.	১	· ·	38 o 5	
н	Excess from 2014	ebe e	u .		
b	Excess from 2015	n in the state of		<del>-</del> - + + - +	
C	Excess from 2016	a de la compansión de l	( ·	y, , , , ,	
d	Excess from 2017				
c	Excess from 2018	. 6 . 4	*, *, *		

Dana	9
Page	С

Part VĮ	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.)
·	
	,
	•