Form 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

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

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	<u>A F</u>	or the	2018 calenda	ar year, or tax year beginning	, 2018, an	d ending			, 20
	<b>B</b> (	B Check if applicable C Name of organization		D E			yer iden	tification number	
		ddress ch	nange	BABE WHITLEY COUNTY INC			27-4447782		
		lame char	nge	Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Teleph	one num	ber
		nitial returi	'n				j		
	F	inal return	n/terminated	533 N LINE STREET			(2)	50)244	-2820
		mended r	return	City or town, state or province, country, and ZIP or foreign postal code		N2	F Group		
	$\overline{\sqcap}_{A}$	oplication	n pending	COLUMBIA CITY, IN 46725		$O\mathcal{Y}$	Numbe	•	I
			ing Method	X Cash					e organization is not
		Vebsite	_	BABEWC . ORG			required to	_	=
				theck only one) - 🗶 501(c)(3)	4947(a)(1) c	or 527	•		or 990-PF)
			organization		Other		(1 0 000)	<del></del>	
			•	7b to line 9 to determine gross receipts. If gross receipts are \$2	_	ore or if total:	assets		
								. • \$	60,588
	_	ırt I		e, Expenses, and Changes in Net Assets or Fu					
				the organization used Schedule O to respond to any qu		•			•
		1		s, grits, grants, and similar amounts received · · · · · · ·				1	60,588
		2		vice revenue including government fees and contracts · · · ·				2	00,300
		3		dues and assessments · · · · · · · · · · · · · · · · · · ·				3	
		4		ncome · · · · · · · · · · · · · · · · · · ·				4	
		50		nt from sale of assets other than inventory		1		H-	
		l		r other basis and sales expenses · · · · · · · · · · · · · · · · · ·	— —	<del></del>		1 1	
		ì		s) from sale of assets other than inventory (Subtract line 5b from				5c	
		6		fundraising events	i iiie Saj			30	
		· ·	-	te from gaming (attach Schedule G if greater than				1 1	
	ā	•			6a	. 1			
	Revenue				0			1 1	
	Š	"		re from fundraising events (not including \$		of contribution	oris		
2019	<b>—</b>			sing events reported on line 1) (attach Schedule G if the	61	. 1			
				gross income and contributions exceeds \$15,000) · · · · ·		<del></del>		1 1	
0				expenses from gaming and fundraising events				{	
ಯ		"		or (loss) from gaming and fundraising events (add lines 6a and				6d	
DEC		70	•	of inventory, less returns and allowances		1	• • • •	- 6u	
				f goods sold · · · · · · · · · · · · · · · · · · ·		<del></del>		1 1	
Ω				or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
삇		_		ue (describe in Schedule O) · · · · · · · · · · · · · · · · · ·				8	
Ź		8						9	60 500
CANNED		10	Create and a	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·	RI	<del>-CEIVE</del>	<del>:D::1</del>	10	60,588
$\sim$			Bonefft north	At a or for mambars			)   	<del></del>	
-		11	Selevice eth	if to or for members · · · · · · · · · · · · · · · · · · ·	. 18 NI	1V 1 0 201	19   0	11 12	40.075
	es	12	Brofossional	fees and other payments to independent contractors · · · ·	图	7 V. I		13	42,975
	Sus	13	Occupancy	rees and other payments to independent contractors			- <u></u> JEE	<del></del>	2,500
	Expenses	14	Dection out	rent, utilities, and maintenance		SDEN; L	<u> </u>	15	15,220
	ш	15 16	i intuing, pub	ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·				16	151
		17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·				17	31,275
				eficit) for the year (Subtract line 17 from line 9)					92,121
	ts	18					• • • •	18	(31,533)
	Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) ( figure reported on prior year's return)				10	20.102
	Ă							19	89,198
	Ne.	20		es in net assets or fund balances (explain in Schedule O)				20	7,000
		21	Net assets o	r fund balances at end of year. Combine lines 18 through 20 ·	<u></u>	<u></u>	• • • • •	21	64,665

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

	m 990-EZ (2018) BABE WHITLEY COUNTY INC			27-4	447	782 Page 2
P	art II Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to res	spond to any questio	n in this Part II	• • • • • • • •	• • •	· · · · · · · · X
	1		(A) Be	ginning of year	L,	(B) End of year
22	Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·		• • • • • •	80,809	22	52,329
23	Land and buildings	• • • • • • • • • •		0	23	0
24	Other assets (describe in Schedule O)			11,802	24	15,052
25	Total assets			92,611	25	67,381
26	Total liabilities (describe in Schedule O)			3,413	26	2,716
	Net assets or fund balances (line 27 of column (B) must agree w			89,198	27	64,665
	art III Statement of Program Service Accomplishme			69,196		04,000
•	Check if the organization used Schedule O to re	•	•	$\Box$	[	Expenses
			on in this Part III.	• • • • • • • • • • • • • • • • • • • •	(Red	juired for section
wr	nat is the organization's primary exempt purpose? SEE ATTACH	MENT 1			5016	c)(3) and 501(c)(4)
De	scribe the organization's program service accomplishments for each	n of its three largest pro-	gram services.			nizations, optional for
	measured by expenses in a clear and concise manner, describe the				_	
per	sons benefited, and other relevant information for each program title	e			othe	
28	SEE ATTACHMENT 2					
	(Grants \$ 43,313 ) If this amount in	cludes foreign grants, c	heck here	<b>.</b>	28a	91,481
29	13/313 / 11/10 (11/04/11)	sidado ioroigii granto, o	HOUR HOLD	<u> </u>		31,401
		<del></del>	<del></del>			
			<del></del>		1	
	(Grants \$ ) If this amount in	cludes foreign grants, c	heck here · · · ·	· · · · <b>&gt;</b> []	29a	<del></del>
30				·	1	
	(Grants \$ ) If this amount in	cludes foreign grants, c	heck here · · · ·	▶ 🔲 ˈ	30a	
31	Other program services (describe in Schedule O)					
	· -	cludes foreign grants, c	heck here · · · ·	▶ 🗍	31a	
32	Total program service expenses (add lines 28a through 31a) · ·				32	·
	art IV List of Officers, Directors, Trustees, and Key Employ					
<u>.</u>						_
_	Check if the organization used Schedule O to respond to	d any question in this Pa		· · · · · · · · · · · · · · · · · · ·	$\neg$	••••
		(b) Average	(c) Reportable compensation	(d) Health benefits contributions to empl		(e) Estimated amount of
	(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and	'	other compensation
		devoted to position	(If not paid, enter -0-)	deferred compensat	tion	
JA	CIE STAHL					
EX	ECUTIVE DIRECTOR	40.00	32,960		0	0
RE	BECCA CASE		1		-	
TR	EASURER	2.00	[ c		o	0
	URA TUCKER		T			
	CRETARY	1.00	7,831		o	0
_	RA KUHMICHAEL	1.00	1,031		7	
		1 00	1	J	0	^
	CE CHAIR	1.00	<u> </u>	<del>' </del>	4	0
	Z DECKARD		_			
<u>CH</u>	AIR	2.00_			_0	0_
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		<u> </u>	<u></u>			
			1	1	- {	
_						

Form **990-EZ** (2018)

EEA

Abc

/Kai	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	• • •		<u>. LL</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			١
24	detailed description of each activity in Schedule O	33		<u> </u>
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			۱
<b>05</b> -	change on Schedule O See instructions	34	<del> </del>	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		l	١
_	activities (such as those reported on lines 2, 6a, and 7a, among others)? · · · · · · · · · · · · · · · · · · ·	35a	ļ	X
-	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		<del> </del>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		١,,
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<del> </del>	X
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	26		v
27.0	Enter amount of political expenditures, direct or indirect, as described in the instructions	36	3414	X
	Did the organization file Form 1120-POL for this year?	37b	July 1	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			X
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	THE PARTY NAMED IN	X X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · ·	300	<b>米州</b>	Math
39	Section 501(c)(7) organizations Enter		<b>福</b>	
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on line 9, for public use of club facilities			7
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		1	
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			<b>医</b>
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	No. To apply to		A SECTION A
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			1
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			Tay and
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	1		
	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	B		
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of BABE WHITLEY COUNTY INC Telephone no 260-2		820	
_	Located at ► 533 N LINE STREET, COLUMBIA CITY, IN ZIP+4 ► 46725	т		
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	201	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •	42b	riidada i	X Li habbed
	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)			
^	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	AIR A	X
C	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	Г
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·	1		_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		<b>排除</b> 源	
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a	- PORTENIENTO	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	<b>1988</b>		i i
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		E ale	
	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1100	THE STATE OF
	Form 990-EZ See instructions	45b	L	Х

Form 9	90-EZ (201	8) BABE WHITLEY CO	UNTY INC	····	<del></del>	27-444	7782	F	age 4
								Yes	No
46		organization engage, directly or indirectly, in		• • • • • • • • • • • • • • • • • • • •			-32-		أشتنا
_		dates for public office? If "Yes," complete S		• • • • • • • • • • • • •	• • • • • • •	<u></u>	46		X
Par		Section 501(c)(3) Organizations							
		All section 501(c)(3) organizations	must answer quest	ions 47 - 49b and 5	2, and comple	ete the ta	bles for	lines	3
		50 and 51.							_
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				Ш.
								Yes	No
47		organization engage in lobbying activities or		•					
	year? If	"Yes," complete Schedule C, Part II · · ·	• • • • • • • • • • • • •	• • • • • • • • • • • •			47		X
48	Is the o	ganization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	complete Schedule E .			48		<u>X</u>
49a	Did the	organization make any transfers to an exem	pt non-charitable related (	organization?			49a		X
b	If "Yes,"	was the related organization a section 527	organization?				49b		
50	Comple	te this table for the organization's five higher	st compensated employee	es (other than officers, dire	ectors, trustees a	nd key			
	employe	ees) who each received more than \$100,000	of compensation from th	e organization If there is	none, enter "Nor	ne "			
			(b) Average	(c) Reportable	(d) Health benef				
		(a) Name and title of each employee	hours per week	compensation	contributions to em benefit plans, and d	,,,,,, , , ,	<ul><li>(e) Estimated</li><li>other con</li></ul>		
		, ,	devoted to position	(Forms W-2/1099-MISC)	compensatio		Oliei Col	npensar	IOH
NONE	Ξ								
			1		}	l			
						Į.			
								7	
								¥.,	
-f	Total nu	mber of other employees paid over \$100,00	10 ▶	<del></del>	<del></del>				
51		te this table for the organization's five highe		ent contractors who each	- n received more th	nan			
•		0 of compensation from the organization	•						
	<u>* : : : ; : : : : : : : : : : : : : : : </u>				<u> </u>	<del></del>			
	(a)	Name and business address of each independent contra	actor	(b) Type of service	8	(c) C	Compensation	ו	
NONE	3							ķ	
								`	
				ļ	ļ				
	_								
					[				
d	Total nu	mber of other independent contractors each	receiving over \$100.000	>	<del></del>				
52		organization complete Schedule A? Note: A							
		ed Schedule A	.,.,			🕨	X Yes	П	No
Under		of perjury, I declare that I have examined this reto						us.	
	•	d complete Declaration of preparer (other than o		· ·					
		JACIE STAHL	Atakl	- Property (100 till)					
Sign	,	Signature of officer	<del>7/ 0 T</del>		Date				
Here		JACIE STARZ, DIRECTOR	(						
		Type or print name and title							
			Preparer's signature	Date			PTIN		
Paic	•	l (l	1 . in 11	<i>(</i> 1)	Check	ا " ا			
		Jody Langley	ATA VIXO	11-14-20	, <u>, , , , , , , , , , , , , , , , , , </u>		<u> 2005707</u>	98	
	parer	Firm's name McCoy Tax & Acc		<del></del>	Firm's EIN	<del></del>			
use	Only	Firm's address 155 Diplomat Dr		<del>-                                    </del>					
		Columbia City I		<u> </u>	Phone no		4-6132	$\overline{}$	<del></del>
May t	ne IRS d	scuss this return with the preparer shown a	bove? See instructions		• • • • • • • •	• • • •	X Yes	ㅡ_	No
FFA							Form 99	0-EZ (	(2018)

#### **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.

2018 Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Employer Identification number

Inspection

		HITLEY COUNTY INC					27-44477			
Pa	rt I	Reason for Public Charity	/ Status (All org	ganizations must co	mplete t	his part.	) See instruction	S		
The	orgar	nization is not a private foundation beca	•							
1	Ц	A church, convention of churches, or a	association of churc	ches described in <b>sectio</b> r	170(b)(1)	(A)(i).	<b>~</b> /	1		
2	Ш	A school described in section 170(b)(	1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ))		$\mathcal{O}$	1		
3		A hospital or a cooperative hospital se	rvice organization of	described in section 170	(b)(1)(A)(iii	i).	O			
4		A medical research organization opera	ated in conjunction i	with a hospital described	ın <b>section</b>	170(b)(1)	(A)(iii). Enter the			
		hospital's name, city, and state								
5		An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	ıl unıt described ın			
		section 170(b)(1)(A)(iv). (Complete P	art II )							
6		A federal, state, or local government of	r governmental und	t described in section 17	0(b)(1)(A)	(v).				
7	X	In organization that normally receives a substantial part of its support from a governmental unit or from the general public								
		described in section 170(b)(1)(A)(vi).	lescribed in section 170(b)(1)(A)(vi). (Complete Part II)							
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II)						
9		An agricultural research organization of	described in <b>sectio</b> i	n 170(b)(1)(A)(lx) operate	ed in conju	nction with	a land-grant college			
		or university or a non-land-grant colleg	ge of agriculture (se	ee instructions) Enter the	name, city	, and state	e of the college or			
		university	<del></del>							
10	LJ	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gross	3		
		receipts from activities related to its ex	•		. , ,					
		support from gross investment income		'		•	om businesses			
		acquired by the organization after Juni			•					
11	닖	An organization organized and operate	-	·						
12	П	An organization organized and operat		. · · · · ·			• • •			
		of one or more publicly supported orga								
		Check the box in lines 12a through 12				•		12g.		
	а	Type I. A supporting organization	•	•						
		the supported organization(s) the		•	y of the air	ectors or tr	ustees of the			
		supporting organization You mus	- ·		ita auppart	nd organia	ation(a) by bayens			
	b	Type II. A supporting organization control or management of the sup	•			•		1		
		organization(s) You must compl		·	sons mai c		nanage the supported			
	С	Type III functionally integrated.	-		ction with	and function	anally intograted with			
	·	its supported organization(s) (see		,						
	d	Type III non-functionally integra						z)		
	_	that is not functionally integrated.		-		•		-		
		requirement (see instructions) You		•		-	and an allominon			
	е	Check this box if the organization	•		•		vne II. Tvne III			
	•	functionally integrated, or Type III					, , po			
	f	Enter the number of supported organi								
	g	Provide the following information about	it the supported org	janization(s)						
	(1)	Name of supported organization	(ii) EiN	(III) Type of organization	(Iv) is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of	
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other supp		
				abovo (soo instructions))			manachons)	11131140	iioris)	
					Yes	No				
(A)										
(B)										
(C)					<u> </u>					
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(D)					1					
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(E)		· · · · · · · · · · · · · · · · · · ·								
Tota	ıf		[	1	1	l	1	]		

Schedule A (Form 990 or 990-EZ) 2018

BABE WHITLEY COUNTY INC

27-4447782

Part III

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	_			` ' ' ' ' ' ' ' '
(Complete only if	you checked the box on line 5	, 7, or 8 of Part I	or if the organization	n failed to qualify under
Part III If the orga	inization fails to qualify under t	the tests listed h	elow please complet	Part III )

Holl A. Public Support						
dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") · · · · ·	30,424	82,784	84,702	60,734	60,588	319,232
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,		•	,
The value of services or facilities furnished by a governmental unit to the organization without charge				,		· <u>·</u>
Total. Add lines 1 through 3	30,424	82,784	84,702	60,734	60,588	319,232
The portion of total contributions by						, •
each person (other than a		<b>为</b> 这类的				
governmental unit or publicly					Some Fields	
supported organization) included on						·
line 1 that exceeds 2% of the amount						•
shown on line 11, column (f)	A STATE OF THE			HARLES AND THE	STATE FOR	70,508
Public support. Subtract line 5 from line 4	NAME OF THE PARTY		种种种种的	ST WILLIAM KAS	<b>多。</b>	248,724
<del></del>	Υ					
, , , , , , , , , , , , , , , , , , , ,			· <del>-</del>			(f) Total
Gross income from interest, dividends, payments received on securities loans,	30,424	82,784	84,702	60,734	60,588	319,232
similar sources			_			
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets		•				
• •			NEW TENED PROPERTY.	**************************************		319,232
• • • • • • • • • • • • • • • • • • • •		Luc Coatti La Talente Villa de La Castilla de La Ca	par-most me permanans mare	PERCENTAGE AND AND AND		32,832
•	ganization's first, se			,	···	· · · · · · ▶ □
tion C. Computation of Public Su	pport Percent	tage				
Public support percentage for 2018 (line 6, c	column (f) divided b	y line 11, column (f	))		14	77.91 %
Public support percentage from 2017 Sched	lule A, Part II, line 1	4			15	91.54 %
• • • • • • • • • • • • • • • • • • • •		•		•		_
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	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets  (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (s  First five years. If the Form 990 is for the organization, check this box and stop here  Total support test - 2018. If the organization qualifier and support test - 2018. If the organization of Public Support test - 2018. If the organization qualifier and support test - 2017. If the organization or public support test - 2017. If the organization organization meets the "fact organization more, and if the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets the "fact organization in Part VI how the organization meets upported organization. If the organization did in Private foundation.	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, singanization, check this box and stop here.  Public support percentage for 2018 (line 6, column (f) divided by Public support percentage from 2017 Schedule A, Part II, line 1 33 1/3% support test - 2018. If the organization did not check this box and stop here. The organization qualifies as a publicly support percentage from 2017 Schedule A, Part II, line 1 33 1/3% support test - 2017. If the organization did not check this box and stop here. The organization qualifies as a publicly 10%-facts-and-circumstances test - 2018. If the organization 10% or more, and if the organization meets the "facts-and-circumstance organization  10%-facts-and-circumstances test - 2017. If the organization 10% or more, and if the organization meets the "facts-and-circumstance organization  10%-facts-and-circumstances test - 2017. If the organization Private foundation. If the organization meets the "facts-and-circumstance supported organization.	dar year (or fiscal year beginning in)   Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")   30,424 82,784  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   The value of services or facilities furnished by a governmental unit to the organization without charge   Total. Add lines 1 through 3   30,424 82,784  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)   Public support. Subtract line 5 from line 4   Ition B. Total Support   dar year (or fiscal year beginning in)   Amounts from line 4	dar year (or fiscal year beginning in)    Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")    Tax revenues levied for the organization benefit and either paid to or expended on its behalf    The value of services or facilities furnished by a governmental unit to the organization whout charge    Total. Add lines 1 through 3    Total. Add lines 1 through 3    Total Support of total contributions by each person (other than a governmental unit or bublicly supported organization) included on line 11, column (f)    Public support. Subtract line 5 from line 4    Gross income from interest, dividends, payments received on securities loans, renist, royalties and income from similar sources    Sire guilarly carned on    Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)    Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization of the organization of proper test - 2018. If the organization did not check a box on line 13, and line 14 is 33 1/3% support test - 2019. If the organization did not check a box on line 13, fea, and line 15 is this box and stop here. The organization qualifies as a publicly supported organization    10%-facts-and-circumistances test - 2018. If the organization did not check a box on line 13, fea, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test. The organization organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization under the "facts-and-circumstances" test. The organization organization meets the "facts-and-circumstances" test. The organization organization meets the "facts-and-circ	dar year (or fiscal year beginning in)    Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")    30,424   82,784   84,702   60,734   7ax revenues lewed for the organization sheeft and either paid to or expended on its behalf    The value of services or facilities furnished by a governmental unit to the organization without charge   Total. Add lines 1 through 3   30,424   82,784   84,702   60,734   7ax revenues lewed for the organization without charge   Total. Add lines 1 through 3   30,424   82,784   84,702   60,734   7ax revenues from the steep and to revenue and the organization without charge   Total. Add lines 1 through 3   30,424   82,784   84,702   60,734   7ax revenues lewed for the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)   9	Girls, grants, contributions, and membership fees received (Do not include any "unusual grants")  30,424 82,784 84,702 60,734 60,588 30,424 82,784 84,702 60,734 60,588 30,424 82,784 84,702 60,734 60,588 30,424 82,788 30,424 82,788 30,424 82,788 30,424 82,788 30,424 82,788 30,424 82,784 84,702 60,734 60,588 30,424 82,788 30

Hs	Support Schedule for Org						.5/
	(Complete only if you check						Part II.
<u>c</u> -	If the organization fails to q	uality under th	e tests listed b	elow, please co	mpiete Part II.	.)/	<u></u> _
	ction A. Public Support						
Cale	endar 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	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	ļ					
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	· · · · · · · · · · · · · · · · · · ·			<b>,</b> 		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·	and the second of the second o					
8	Public support. (Subtract line 7c from line 6)		//				
Se	ction B. Total Support						
Cale	endar 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						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	/					٦,
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						<b>.</b>
С	Add lines 10a and 10b				<del></del>	<del> </del>	<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ••••						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the org organization, check this box and stop here	<u></u>	<u> </u>				▶ □
	ction C. Computation of Public Su	<del> </del>	<del></del>	<del> </del>		ГТ	
15	Public support percentage for 2018 (line 8, co		•			15	9/
16	Public support percentage from 2017 Schedu				<del></del>	16	9/
	ction D. Computation of Investmen			(0)	<del></del>		
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 Sci		•	***		17	9/
19a	33 1/3% support tests - 20/18. If the organiza						▶ 📋
b	33 1/3% support tests -2017. If the organiza line 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	="	-	-			=

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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,
- 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.
- 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.
- 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")? 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)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (f 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?
- 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.
- 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).
- 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.
- 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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Ŗa	rt.IV&	Supporting Organizations (continued)			. <u> </u>
		•		Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?	West of		4
а	A perso	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)	103 kg T		
	below,	the governing body of a supported organization?	11a	***************************************	R. S. L. S.
b	A famil	y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			<u> </u>
				Yes	No
1	Did the	directors, trustees, or membership of one or more supported organizations have the power to	影響繁	40.00	in the same
		ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		r? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	T. HOLE	ulthere)
	organi.	and what conditions of rectifications, if any, applied to during the tax year.	<b>建高金</b>		FUE TO
2	Did the	organization operate for the benefit of any supported organization other than the supported			
_		tation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2	R-120	3012 FB1
Sec		Type II Supporting Organizations	1.5		L
		Type ii dapporting diguinzatione		Yes	No
1	· Ware s	ı majority of the organization's directors or trustees during the tax year also a majority of the directors			
•		ees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
-		agement of the supporting organization was vested in the same persons that controlled or managed			
					111.12
500	tion D	All Type III Supporting Organizations	لــٰـــا		L
360	,tion b.	All Type III Supporting Organizations		Vac	No
4	Did the	expeniention provide to each of its supported expenientians, by the lest day of the fifth month of the	CADER	Yes	THE STANCE
1		organization provide to each of its supported organizations, by the last day of the fifth month of the			
	_	eation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Library	
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	Libitulet	l State Seath	Augustinien
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ration(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2:	***************************************	ALL HUMBELL
_	D				
3		son of the relationship described in (2), did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<u> </u>		ted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	uons,	)
а	=	e organization satisfied the Activities Test Complete line 2 below.			
b	=	e organization is the parent of each of its supported organizations. Complete line 3 below.	<i>.</i>		
_	_	e organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see ın		<del></del>
2		es Test. Answer (a) and (b) below.	n. Marketing	Yes	No
. a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			<b>T</b> 133
		ese activities constituted substantially all of its activities	2a	ورزائلا كالأرادة	esellä hirr
b		activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b	No 2 · 6º	g teri ≠ ·
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			TH
		s of each of the supported organizations? Provide details in Part VI.	3a		E 18:
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		l

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 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) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 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. 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 6 Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) The straightful of the straightf Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

	BABE WHITLEY COUNTY INC  TYPE III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	27-44 ations (continued)	47782 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	<u> </u>
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			·
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			· · · · ·
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	•	(1)	(ii)	(iii)
8	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		LXCESS DISTIDUTIONS	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018		1.55 mande al militari (5) (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
a	From 2013			
b	From 2014			
	From 2015			
	From 2016	The series are series to the series of the s		Carly programmer, some confidence and the
	From 2017	The Control of the Co		
		Market Day & see-the section of the Billians	The state of the s	
	Applied to underdistributions of prior years		manufaction and an amount of the first term to an attended and	And the second second second second second
	Applied to 2018 distributable amount			The manage radio about the national contractor and con
<u>;;</u>		[1] 《大学》(1] [1] [1] [1] [1] [1] [1] [1] [1] [1] [		
$\frac{\cdot}{1}$	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Charles and the control of the contr	12 THE PROPERTY OF THE PROPERT
4	Distributions for 2018 from			
•	Section D, line 7: \$			
	Applied to underdistributions of prior years	The state of the s	ting and a second	The second secon
	Applied to 2018 distributable amount	PARTY STATES TO SELECT THE PORT	easing outstrains an	<b>医静脉脉, 207 时间程序等 2400年达146 场际共享的1666</b> 山山台
	Remainder. Subtract lines 4a and 4b from 4.	September 2 September 2 Annual Control of Co		
5	Remaining underdistributions for years prior to 2018, if		大大社会企业工作品中"C 2014 (1972年) 中国市场区域的企业工作的中	字面标注的程序的数字形型表面影响的 2.1mg/Emg/Call/All/All/All/All/All/All/All/All/All/
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
-	<del></del>			Parish in the first and the first light of the first series of the
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
<del></del>	Excess distributions carryover to 2019. Add lines 3j	1.200mm2.100mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200mm2.200	TAK TAKAMATAN CALANYA MENGANING MENGANI	
7				
	and 4c. Breakdown of line 7:		AND COMPANY OF THE SAME OF THE	TOTAL TANK TO THE TANK OF THE TANK
		PPO TOTAL CONTRACTOR OF THE CONTRACT OF THE C		·罗斯科·哈勒斯洛利斯·拉克斯·哈斯·克斯·斯 · 安斯·西德克斯·斯特·克斯·斯特·克斯·斯
	Excess from 2014 · · · ·	日本がアメスを選出を発きます。 1277年 - 1277年 - 1277		
	Excess from 2015			
	Excess from 2016 · · · ·			
	Excess from 2017			
e	Excess from 2018		在大學學是在1800年月一年中心學學不多的學學學學	

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public ...

Employer identification number

BABE WHITLEY COUNTY INC 27-4447782 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT MARKETING & ADVERTISING 711 BABE ITEMS 19,435 MOMS GROUP 57 881 OFFICE SUPPLIES OTHER SUPPLIES 128 MILEAGE REIMBURSEMENT 2,313 MEETING EXPENSE 331 WORKERS COMP INSURANCE 640 202 MEMBERSHIP DUES MISCELLANEOUS EXPENSES 943 96 WEBSITE ENTITY REPORT 22 **FUNDRAISING** 3,458 BABE STORE COUPONS 1,419 639 PRINTING & COPYING 02. Other changes in net assets or fund balances (Part I, line 20) DESCRIPTION AMOUNT PRIOR YEAR ERROR 7,000 03. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR 650 650 RENT DEPOSIT

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization		Employer identification number	Page 2
BABE WHITLEY COUNTY INC		27-4447782	
ACCOUNTS RECEIVABLE	8,750	0	
FURNITURE & EQUIPMENT	2,402	2,402	
PAYROLL DEPOSIT	00	2,000	
COMMUNITY FOUNDATION ENDOWMENT	0	10,000	
04. Description of total liabilities	s (Part II, line 26)		
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
PAYROLL	3,413	2,716	
			<del></del>