Form **990**

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

3

Return of Organization Exempt From Income Tax

2018

Department of the Treaster	
Internal Revenue Service	

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.

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

	Intern	al Revenu	e Service	Go to www.irs.gov/Form990 for instructions and the latest information	tion. / 7U	<u> </u>	Inspection
	A	For the	2018 calenda	r year, or tax year beginning 07-01 , 2018, and en	ding	06-3	0,2019
	В	Check if ap	onlicable	C Name of organization Operation143			Employer identification no
		Address ch		Doing business as			2-0413200
	<u> </u>		ř		I	1 -	
	<u> </u>	Name char	nge	Number and street (or PO box if mail is not delivered to street address)	Room/suite		Telephone number
	ı ب	nitial retun	n	238 High Street	103		84) 374-8754
	<u></u>	inal return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G (Gross receipts
		Amended r	etum	Pottstown, PA 19464		5	348,690
	\Box	Application	pending	F Name and address of principal officer Lisa Heverly	H(a) is this a group i	etum for sub	ordinates? Yes X No
	_			Same as C above	H(b) Are all subor		
		ax-exemp	t status	501(c)(3)			(see instructions)
ےh		Vebsite					
UY			F.7	operationbp.org	H(c) Group exer	-	
10		orm of org			013 M State	of legal dor	nicile PA
6	Pa	T	Summary				
		1	Briefly describ	be the organization's mission or most significant activities SEE SCHEDULE O			
	Ф						
	Governance						
	Ë						
	Š	2	Check this bo	x ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of it	ts net assets	-	
	ၓ			ting members of the governing body (Part VI, line 1a)		3	7
	Activities &	{				4	
2	je.			dependent voting members of the governing body (Part VI, line 1b)			<u>_</u>
202	₹			of individuals employed in calendar year 2018 (Part V, line 2a)		5	3
_	Ć	6	Total number	of volunteers (estimate if necessary)		6	150
-	4	7a	Total unrelated	d business revenue from Part VIII, column (C), liple 12	[7a	0
		þ	Net unrelated	business taxable income from Form 990-T, line 38	[7b	0
FEB	•				Prior Year		Current Year
سلبا		8	Contributions	and grants (Part VIII, line 1h)	183	901	318,864
Ω		1				, 891	310,004
Ш	Revenue	1		ince revenue (i all viii, line 29)			
Z	Š			come (Part VIII, column (A), lines 3, 4, and 7d)	20	41	
4	œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 19c provided by the column (A), lines 8 through 11 (must equal Part VIII, column (A), lines 8 through 11 (must equal Part VIII, column (A), lines 11 (must equal Part VIII, column (A), lines 12 (must equal Part VIII, column (A), lines 12 (must equal Part VIII, column (A), lines 13 (must equal Part VIII, column (A), lines 14 (must equal Part VIII, column (A), lines 15 (must equal Part VIII, column (A), lines 16 (must equal Part VIII, column (A), lines 17 (must equal Part VIII, column (A), lines 18 (must equal Part VIII, column (A), li		,461	25,361
SCANNED		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A)	196	, 372	<u>344,266</u>
S)	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)	130	,188	123,459
		14	Benefits paid t	to or for members (Part IX, column (A), line 4)			0
		15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	59	,044	63,857
	Ses	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)			0
	Expenses			ng expenses (Part IX, column (D), line 25)		\neg	
`	훘				20	667	16 400
6) "			es (Part IX, column (A), lines 11a-11d, 11f-24e)		,667	16,488
C			•	s Add lines 13-17 (must equal Part IX, column (A), line 25)		,899	203,804
013.358		-	Revenue less	expenses Subtract line 18 from line 12	(13	, 527)	140,462
6.0	Net Assets or Fund Balances			<u>_ </u>	Beginning of Current	Year	End of Year
3	sets	20	Total assets (F	Part X, line 16)	33	,225	173,819
$\overline{}$	Y KE	21	Total liabilities	(Part X, line 26)	1	, 302	1,434
	# # E	22	Net assets or	fund balances Subtract line 21 from line 20	31	, 923	172,385
$\frac{2}{2}$	Pa		Signatur	e Block			
2/320	~Unde	penaltes		are that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wledge and belief, it is		
6/3				aration of preparer (other than officer) is based on all information of which preparer has any knowledge			
ලා			_	- A D N UN		الما	9/19
	Sig	n	Lisa Signature	Heverly (// N/		Pate	7-1
$\prec I$	_	1 '	Signature	or officer		Date *	
	Her	e		Heverly, President			
14.			Type or pr	rint name and title			
50			Print/Type prep		Check	if PTIN	
. 0	Paid	d	Jacquel	ine M Gleason CRI bequil M. Lleasa (14 12-04-2019	self-employe	a 1	P01285843
u;	Pre	parer	Firm's name	J Gleason Associates CPA LLC	Firm's EIN		
سرا	Use	Only	Firm's address		Phone no		· · · · · · · · · · · · · · · · · · ·
		,	Fill address	-		0-347	_5004
~~	•		1	Pottstown PA 19464	. 51	44 /	-:::::::::::::::::::::::::::::::::::::

90-32

☐ No

Form 990 (2018)

	1990 (2018) Operation143 32-0413200 Page 2
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 164,062 including grants of \$ 2,050) (Revenue \$ 318,864)
	Operation Backpack provides food to students living in various school districts in and around
	the Pottstown, Pennyslvania area who would go without food over the weekend. We work to help
	homeless and hungry students succeed by addressing the issue of childhood hunger. Operation
	Backpack serves alongside individuals and organizations to collect food and materials.
	Volunteers pack these items into backpacks, which are sent out to qualifying students who
	discretely pick up the backpacks each Friday at a designated place inside the school and
	return them on Monday. The process then begins again for the next week.
4b	(Code) (Expenses \$nocluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 164,062
EEA	Form 990 (2018)

4B06IMO

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<u> </u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_ 	-	- 73
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		١ ا	
	complete Schedule D, Part VI	11a	X	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	446		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes " complete Schedule D, Part VIII	11c		Х
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,,,,		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			21
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Pa	Triv Checklist of Required Schedules (continued)			·
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			.,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
24a	employees? If "Yes," complete Schedule J	23		X
44 d	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┢ᢚ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ĺ
Dar	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	للل
4-	Enter the number consided in Pay 2 of Farm 1000 Fates 0 of and analysis like		TUS	No
1a 	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			ĺ
				ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
	reportable gaming (gambling) winnings to prize winners?	10	Λ	

	Form 990 (2018) Operation143 32-0413200 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Га	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_	1	T		
2-	False Manager Land Country and	-	Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			'		
L	Statements, filed for the calendar year ending with or within the year covered by this return		-,,-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	 -		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?	6b		<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).		•			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	· .				
	and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		Х		
đ	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			, 1		
	sponsoring organization have excess business holdings at any time during the year?	8	_			
9	Sponsoring organizations maintaining donor advised funds.	-	+	1		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		٠	ı 1		
11	Section 501(c)(12) organizations. Enter	•]		
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	ı		
	against amounts due or received from them)			ŀ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•	, 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
•	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1				
			1	٠ ا		
_	the organization is licensed to issue qualified health plans			.		
C 1/1-2	<u> </u>	14a	- '	X		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		-			
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		v		
	excess parachute payment(s) during the year	15		X		
40	If "Yes," see instructions and file Form 4720, Schedule N			 _		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O			, , [

	1990 (2018) Operation143 32-04132		<u>-</u> -	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No) "		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	· Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		•	
	If there are material differences in voting rights among members of the governing body, or	i '		
	if the governing body delegated broad authority to an executive committee or similar	١.		ŀ
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	_X_	
3	Did the organization delegate control over management duties customarily performed by or under the direct]
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		Х
6	Did the organization have members or stockholders?	6_		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7		ľ
	the year by the following		 -	
а	The governing body?	8a	_X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		١,,
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Datha and the land of the land	400	Yes	No V
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIIa		
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No." are to line 13	12a		X
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		^
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	•		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Dother (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Lisa Heverly (484)374-8754, 238 High Street, Pottstown, PA 19464			

Form	990	(2018)	

Operation143

32-0413200

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

· Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related	organization	compe	nsat			urrent	offic	er, director, or trust	ee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Highest compensated employee Officer Institutional trustee or director				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Dinell Smith	0.50	stee	rustee		ě	pensated				
Board Member		Х						0	0	0
(2) Matthew Moyer Board Member	0 _50_	X						0	0	0
(3) Lisa Heverly President	40.00			Х				33,364		0
(4) Paul_Heverly	0.50			Х				0	. 0	0
(5) Jessica Clemmer Secretary				Х				0	0	0
(6) Drew_Carlson	0.50			Х				0	0	0
(7)										
(8) (9)										
(10)										· · · · · · · · · · · · · · · · · · ·
(11)										
<u>(12)</u>	ļ									
(13)										
(14)										

Comparison Com	Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
Comparison of the Comparison														
Comparison of the Comparison								(E)		(F)				
19 19 19 19 19 19 19 19		Name and title	_	Average box, unless person is both an								l		
(15) (16) (17) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (20)							1	rustee)	1	•		an		
(15) (16) (17) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (20)				or di	instr	윩	ξ ey	ag F	Forr		-	1		1
(15) (16) (17) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (20)				necto	t tio	er	emp	loye	ner		(W-2/1099-MISC)	\$		J
(15) (16) (17) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (20)			below dotted	ı taş	nal to		loyee	de a						_
155 169			iine)	tee	stee		"	ensa				orga	aruzations	,
(19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29								8						
(19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29														
(19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)		<u> </u>											
(29) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29														
(16) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(16)													
(16) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20														
(29) (21) (22) (23) (24) (25) 1b Sub-total (25) 1 Total from continuation sheets to Part VII, Section A (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	<u>(17)</u>		L	1										
(29) (21) (22) (23) (24) (25) 1b Sub-total (25) 1 Total from continuation sheets to Part VII, Section A (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20														
(20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(18)</u> _													
(20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(40)													
[21] [22] [23] [25] [25] [26] [27] [28] [28] [28] [28] [29] [29] [29] [29] [29] [29] [29] [29	(19)													
[21] [22] [23] [25] [25] [26] [27] [28] [28] [28] [28] [29] [29] [29] [29] [29] [29] [29] [29	(20)							_						
(22) (23) (24) (25) (25) (25) (25) (25) (25) (26) (25) (26) (25) (26)	(20)													
(22) (23) (24) (25) (25) (25) (25) (25) (25) (26) (25) (26) (25) (26)	(21)													
(23) (24) (25) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Version of the organi	2													
(23) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization or line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	(22)													
(24)							ļ							
(24)	(23)													
1 Sub-total														
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	(24)													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual individual in line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	(25)	· 												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual individual in line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		Sub total										_		
Total (add lines 1b and 1c) 33 , 364 0 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Tor any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who									- 1					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ O Yes No Joint the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who		•							-	33 364	0			_
reportable compensation from the organization Yes No									_					
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C) Name and business address Description of services Compensation Compensation					,					•,	0			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who		<u> </u>	-										Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer, director, or	trustee, key e	mploye	ee, o	r hig	hest	comp	ensa	ited				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		employee on line 1a? If "Yes," complete Schedule J for	such individu	ıal								3		X
Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who	4	For any individual listed on line 1a, is the sum of repo	rtable compe	nsatıoı	n and	d oth	er co	omper	nsatı	on from the				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who													-	
for services rendered to the organization? If "Yes," complete Schedule J for such person	_										• • • • • • •	4		<u>X</u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5	* 1			-			-					-	<u></u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	Section		ipiete Scheau	le J for	Suc	n pe	rson			· · · · · · · · · · · · · · · · · · ·		5		Λ_
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			d independen	t contr	acto	re th	at re	CONVO	d mo	re than \$100,000 o				
year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	•													
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		-	sation to the	Calcilo	iai yi	cai c	si idiri	ig with	1 O1 V	vitiliii the organizati	OITS tax			
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who										(B)			C)	
2 Total number of independent contractors (including but not limited to those listed above) who										1	ervices			
, ,														
, ,														
, ,														
, ,														
, ,														
	2	-			e list	ted a	bove	e) who)		•	~		

		Check if Schedule O contains a response or no	te to any line in this	Part VIII		<u></u>	<u> </u>
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections 512-514
रा रा	1a	Federated campaigns · · · · · · 1a					
e in	b	Membership dues · · · · · · · 1b					
Ağ.	C						
Contributions, Gifts, Grants and Other Similar Amounts	d						
Sin's,	e						
ag ja	f	, 3 , 3 ,					
Ęŏ	_	and similar amounts not included above 1f	318,864				
a Co	9		88,127	210.064			
	h	Total. Add lines 1a-11	Business Code	318,864	····		
e n	2a		Business Code				
Program Service Revenue	b					-	-
e e	C						
Ē	d						
S	8						
ži Š	f	All other program service revenue · · · · · ·					
<u>.</u>	g	Total. Add lines 2a-2f					
•	3	Investment income (including dividends, interest, and other similar amounts)		41			41
	4	Income from investment of tax-exempt bond proce	eds · · · ▶				
	5	Royalties	▶				
		(ı) Reat	(ii) Personal				
	6a	Gross rents · · · · · · ·					
	b	Less rental expenses · · · ·					
	С	Rental income or (loss) · · ·			<u> </u>		
	d	Net rental income or (loss) · · · · · · · · ·					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	ь	Less cost or other basis and sales expenses · · · ·					
	c	Gain or (loss)					
	I	Net gain or (loss)					
ä	8a	Gross income from fundraising					
Ven		events (not including \$					
Other Reven		of contributions reported on line 1c)					
٦		See Part IV, line 18 · · · · · · · a	29,785				
ŏ	b	Less direct expenses b	4,424				
	l			25,361		,	25,361
	9a	Gross income from gaming activities					
	١.	See Part IV, line 19 · · · · · · · · a					
	l	Less direct expenses b	L				
		The state of the second					
	1	Gross sales of inventory, less returns and allowances					
	į	Less cost of goods sold b	L	ļ			
	C						
	44 -	Miscellaneous Revenue	Business Code				
	11a			 			
	b		-				
	d	All other revenue		 - 			
	l	Total. Add lines 11a-11d		 			
	l	Total revenue See instructions		344 266	0	0	25.402

18) Operation143 Statement of Functional Expenses Part IX

Do :	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	axpenses
•	and domestic governments See Part IV, line 21			• •	•
2	Grants and other assistance to domestic			•	•
_	individuals See Part IV, line 22	123,459	123,459		
3	Grants and other assistance to foreign	123,433	123,433		
-	organizations, foreign governments, and foreign			,	
	individuals See Part IV, lines 15 and 16 · · · · · · ·				•
4	Benefits paid to or for members				•
5	Compensation of current officers, directors,				
_	trustees, and key employees	33,364	33,364		
6	Compensation not included above, to disqualified	33,301			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	24,971		24,971	<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,522	2,943	2,579	
11	Fees for services (non-employees)				
а	Management				
b	Legal			1 - 1 - 1	
C	Accounting	2,074		2,074	
d	Lobbying	,			
θ	Professional fundraising services See Part IV, line 17		٠, ٠		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion	662		662	
13	Office expenses	4,864		4,864	
14	Information technology				
15	Royalties · · · · · · · · · · · · [
16	Occupancy [4,296	4,296		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	1,179		1,179	
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	949		949	
23	Insurance	2,084		2,084	
24	Other expenses Itemize expenses not covered	`			
	above (List miscellaneous expenses in line 24e if				
	line 24e amount exceeds 10% of line 25, column	•	'		•
	(A) amount, list line 24e expenses on Schedule O)				
а	Registration Fees	380		380	
b					
С					
đ					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	203,804	164,062	39,742	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) f				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	• • •	<u>L</u>
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	30,353	1	170,422
	2	Savings and temporary cash investments		2	•
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u></u>	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			`
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L · · · · · · · · · · ·		6	
	7	Notes and loans receivable, net	41	7	· - ,
Assets	8	Inventones for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	_
	10a	Land, buildings, and equipment cost or		<u> </u>	
	.00	other basis Complete Part VI of Schedule D 10a 5 , 308			
	ь	Less accumulated depreciation 10b 2,411	2,331	10c	2,897
	11	Investments - publicly traded securities	2,331	11	2,031
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	500	15	500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	16	173,819
	17	Accounts payable and accrued expenses	33,225	17	1/3,019
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	·
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
so.	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			-
ig		disqualified persons Complete Part II of Schedule L		22	<u></u>
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	1,302	25	1,434
	26	Total liabilities. Add lines 17 through 25	1,302	26	1,434
		Organizations that follow SFAS 117 (ASC 958), check here	1,302		2,434
S		complete lines 27 through 29, and lines 33 and 34.			
ဋ	27	Unrestricted net assets	31,923	27	172,385
ala	28	Temporarily restricted net assets	31,923	28	172,505
<u>Б</u>	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here		 - -	
P.		complete lines 30 through 34.			
St)	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne Se	33	Total net assets or fund balances	31,923	33	172,385
	34	Total liabilities and net assets/fund balances	33,225	34	173,819_
	J-7	Total industries and fiet assets/fully balances	33,443		1,3,613

Form	n 990 (2018) Operation143	32-0413	200	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. П</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			344,2	266
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		203,8	304
3	Revenue less expenses Subtract line 2 from line 1	. 3	1	L40,4	462
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		31,9	923
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		L72,3	385
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. []</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other			. 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· 2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2. 1-	بر ۔	
	reviewed on a separate basis, consolidated basis, or both			,	7
	Separate basis Consolidated basis Both consolidated and separate basis				<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		'		
	separate basis, consolidated basis, or both			•	.
	Separate basis Consolidated basis Both consolidated and separate basis			• 1	ł
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		<u> </u>		لنــ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· 2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in		; ,	,	, ,
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		- 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
FFA			Form	990 (2	018)

SCHEDULE A

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.

OMB No 1545-0047

2018

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

		10n143		·			32-04132			
Pa		Reason for Public Charity				his part) See instruction	s		
The	orgai	nization is not a private foundation beca								
1	Н	A church, convention of churches, or as				(i).	\sim			
2	닏	A school described in section 170(b)(1					(\mathcal{M})			
3	님	A hospital or a cooperative hospital serv								
4	Ш	A medical research organization operat	ed in conjunction wil	th a hospital described in s	section 17	0(b)(1)(A)(iii). Enter the			
_		hospital's name, city, and state								
5	Ш	•	organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	П	section 170(b)(1)(A)(iv). (Complete Pa	•							
6	H	· ·	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		- ·	n organization that normally receives a substantial part of its support from a governmental unit or from the general public							
۰	\Box	described in section 170(b)(1)(A)(vi).		2						
8	H	A community trust described in section								
9	П	An agricultural research organization de								
		or university or a non-land-grant colleg university	e of agriculture (see	e instructions) Enter the i	name, city,	and state	or the college or			
10	\boxtimes	An organization that normally receives	(1) more than 33 1	1/3% of its support from c	ontribution	s, member	ship fees, and gross			
		receipts from activities related to its ex	empt functions - su	bject to certain exception	s, and (2) r	no more tha	an 33 1/3% of its			
		support from gross investment income	and unrelated busi	iness taxable income (les	s section 5	11 tax) from	m businesses			
	_	acquired by the organization after June								
11	Ц	An organization organized and operated								
12	Ш	An organization organized and operate								
		of one or more publicly supported organ			•					
		Check the box in lines 12a through 12a						g		
	а	Type I. A supporting organization o								
		the supported organization(s) the		• • • •	of the dire	ctors or tru	stees of the			
		supporting organization You must	•							
	b	Type II. A supporting organization s								
		control or management of the sup		•	ons that co	ntrol or ma	inage the supported			
	_	organization(s) You must comple					1b 4			
	С	Type III functionally integrated. A					ily integrated with,			
	d	Its supported organization(s) (see if		•		-	ated ergonization(s)			
	u	Type III non-functionally integrated 1 that is not functionally integrated 1	• • • • • • • • • • • • • • • • • • • •	•			- · · ·			
		requirement (see instructions) You					and an attentiveness			
	е	Check this box if the organization is	-	· · · · · · · · · · · · · · · · · · ·			ne II Tyne III			
	•	functionally integrated, or Type III				, 19pc 1, 19	pe II, Type III			
	f	Enter the number of supported organiz						Г		
	g	Provide the following information about		anization(s)				<u> </u>		
	(1)	Name of supported organization	(II) EIN	(III) Type of organization	(IV) Is the o	ganization	(v) Amount of monetary	(vi) Amount	of	
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support instruction	•	
					Yes	No	-			
(A)										
(A)				 						
(B)										
(C)								1-		
(D)										
(D)										
(E)										
Tota	1				,					

n	32-0413200 Page 2 170(b)(1)(A)(vi) In failed to qualify under the Part III)								
	(e) 2018 /	(f) Total							
_									
	ď.								
_	(e) 2018	(f) Total							
	(8) 2010	(I) Iotai							
-									

Schedule A (Form 990 or 990-EZ) 2018

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization Part III If the organization fails to qualify under the tests listed below, please complet Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (c) 2016 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 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 7 Amounts 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 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. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(a)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2017 Schedule A, Part II, line/14 15 % 15 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2017. If the organization did not sheck a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017/ If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization/meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018

Part II

EEA

Operation143

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

90 or 990-EZ) 2018 Operation 143 Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	118,441	114,965	189,942	183,891	318,864	926,103
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	123,112	221,500	203/312	203,032	320,000	
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	118,441	114,965	189,942	183,891	318,864	926,103
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)		* * * * * * * * * * * * * * * * * * * *		, ¥		926,103
Sec	ction B. Total Support			,			
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	118,441	114,965	189,942	183,891	318,864	926,103
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •	1	9	18	19	41	88
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				
С	Add lines 10a and 10b · · · · · · · · · · ·	1	9	18	19	41	88
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)	2,106	9,891	11,465	12,461	25,361	61,284
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	120,548	124,865	201,425	196,371	344,266	987,475
14			. .			<u>.</u>	▶ 🗍
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co	lumn (f), divided by	line 13, column (f))			15	93.78 %
16	Public support percentage from 2017 Schedu			· · · · · · · · · · ·		16	0.00 %
Sec	ction D. Computation of Investme						
17 18	Investment income percentage for 2018 (line 10 Investment income percentage from 2017 Sche		=	(f)) · · · · · ·		17	0.00 %
	33 1/3% support tests - 2018. If the organization 17 is not more than 33 1/3%, check this box an	on did not check the	box on line 14, and				▶ 🏻
b	33 1/3% support tests - 2017. If the organizati line 18 is not more than 33 1/3%, check this box	on did not check a bo	ox on line 14 or line	19a, and line 16 is n	more than 33 1/3%,		▶ □
20	Private foundation. If the organization did not	check a box on line	14, 19a, or 19b, che	ck this box and see	instructions	· · · <u>· · · · · · · · · · · · · · · · </u>	▶ 🗌

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 12h of Part I. complete Sections A and C. If you checked 12c of Part I. complete

·		Y
Section A.	. All Supporting Organizations	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)	
•	and by it you checked 12b of 1 art i, complete decilons A and by it you checked 12c of 1 art i, complete	•

No 'es 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 1 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 2 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 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action 5a 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 5b designated in the organization's organizing document? 5c 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 6 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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 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 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 9с 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.

10a

Sched	dule A(Form 990 or 990-EZ) 2018 Operation143 32-0	0413200	F	Page 5
	irt IV Supporting Organizations (continued)	7413200	•	uge e
	,		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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	<u>//</u> 11c	<u> </u>	
Sec	ction 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			The total
	doscribe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>	in and 3	16.5 Tal
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	-
2	Did the organization energia for the honefit of any supported organization other than the supported			
4	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,	, * :== #u	ر نور من	3.4m
	supervised, or controlled the supporting organization	2	<u> </u>	
Sec	ction C. Type II Supporting Organizations			L
	The state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	;		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		'	
	or management of the supporting organization was vested in the same persons that controlled or managed	April 10 to 10 to	9 8 -	أعدنا
	the supported organization(s).	1		
Sec	tion 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 pri	ior 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 provide	d? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	a		.[
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho			,]
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_		<u> </u>	· ·	1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's	4.5		-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ــــــــــــــــــــــــــــــــــــــ
<u> </u>	supported organizations played in this regard	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box noxt to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instructions	s).	
a	=			
b c	=	entity (see instr	ctions	-1
2	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	Tilly (See Ilistiu	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	.f	163	-100
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•	· ·	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		'	
	how the organization was responsive to those supported organizations, and how the organization determined	'		.
	that these activities constituted substantially all of its activities.	2a	ig-Jim 94 %	المخشت
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		- -	1
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	-		
	reasons for the organization's position that its supported organization(s) would have engaged in these		, mer.	احجا
	activities but for the organization's involvement	2b	ĕ•β •ιι•	
3	Parent of Supported Organizations Answer (a) and (b) below.	20	٠,	-
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	;		}
ÇI.	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	ا 🗝	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			<u> </u>
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying true	ust on	Nov 20, 1970 (explain in	Part VI) See
instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
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)
1 Aggregate fair market value of all non-exempt-use assets (see			Ĭ V.
instructions for short tax year or assets held for part of year)	,		
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		· 25 - 3	
factors (explain in detail in Part VI)	1,	• •,	• /
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	*n (
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	*, 1.	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		• .	
emergency temporary reduction (see instructions)	6	**	
7 Check here if the current year is the organization's first as a non-functionally	ıntegr	ated Type III supporting of	organization (see
instructions).	-	_	•

Schedu	the A (Form 990 or 990-EZ) 2018 Operation 143	Supporting Organiza	32-04:	13200 Page 7
Fai	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	<u></u>			
3				
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	organization is responsi	ve	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			1
	(reasonable cause required - explain in Part VI) See			
	Instructions			
3	Excess distributions carryover, if any, to 2018			<u> </u>
a	From 2013			1
b	From 2014			
C	From 2015		`	
<u>d</u>	From 2016			
	From 2017			
f	Total of lines 3a through e			[
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4	Distributions for 2018 from			İ
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI 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			
	Breakdown of line 7			
	Excess from 2014	<u> </u>		
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018	1		

		n 990 or	990-EZ) 2018	Ope	eration	143						32-041320)0	Page 8
Part	: VI	Sup	plemental	Informat	i <mark>on.</mark> Pro	vide the	explan	ations rec	uired by f	Part II, lin	e 10, Par	t II, line 17a	or 17b, F	² art
												nd 11c, Part I		
												Section E, lin		
												l 8, and Part		
			s 2, 5, and (
			- · · · · · · · · · · · · · · · · · · ·							`				
01.	Otl	ner	income	(Part	II,	line	10 or	Part	III,	line 1	2)			
-				,								_		
Spec:	ıal E	Event	ts Income											
		•			_									
2018		\$25	<u>, 3</u> 61											
2017		\$12	,491	· · · · · · · · · · · · · · · · · · ·										
<u> 2016</u>		\$11,	, 465											
<u> 2015</u>		\$ 9,	,891								_			
2014		\$ 2,	,106					-						
								<u> </u>						
													-	
														
							-							
														
				 ·										
							-							
				-						-				
										-,	-			
							• • • • • • • • • • • • • • • • • • • •			-				

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Operation143 32-0413200 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

	lule D (Form 990) 2018 Operation 143					32-041.			ge z
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, o	r Other	Similar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accession, a	and other records, che	ck any of the followi	ng that are a s	significant	use of its			
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loai	n or exchange progra	ams					
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations	_							
4	Provide a description of the organization's collect	ions and explain how	they further the orga	ınızatıon's exe	mpt purpo	ose in Part			
	XIII	•	,						
5	During the year, did the organization solicit or rec	eive donations of art	historical treasures	or other simila	ar				
	assets to be sold to raise funds rather than to be						Пъ	es [No
Pa	rt IV Escrow and Custodial Arrang		o organization o						
	Complete if the organization ar		Form 990. Par	t IV. line 9.	or repo	orted an amou	nt on Fo	rm	
	990, Part X, line 21.			, ,	о. торт				
1a	Is the organization an agent, trustee, custodian or	r other intermediany fo	or contributions or oth	her accete not					
ıu		· · · · · · · · · · · ·					Пъ	es 「] No
.	· ·						ப	es [_	, 140
D	If "Yes," explain the arrangement in Part XIII and	complete the following	g table			T	A		
					-	Arr	ount		
С.	3	• • • • • • • • • • •				 			
đ	and jour								
е	a la				<u> </u>	 			
f	Ending balance					<u> </u>			
2a	Did the organization include an amount on Form				-		۷ 🗀 ۲	'es ∟	No
	If "Yes," explain the arrangement in Part XIII Che	ck here if the explana	ition has been provid	led on Part XI	<u> </u>			· · · L	<u></u>
Pa	rt V Endowment Funds.				_				
	Complete if the organization ar	iswered "Yes" or	Form 990, Par	t IV, line 10)				
		(a) Current year	(b) Pnor year	(c) Two year	s back	(d) Three years back	(e) Four	years bac	<u>*</u>
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and				·	· -			
	programs								
f	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the current y	ear end balance (line	1g. column (a)) held	i as	1		1		
a	Board designated or quasi-endowment	%	19, 00.0 (0), 110.0	- 40					
h	Permanent endowment > %								
•	Temporarily restricted endowment	%							
С									
2-	The percentages on lines 2a, 2b, and 2c should e	-			h -				
3a	Are there endowment funds not in the possession	n of the organization to	nat are neid and adm	inistered for t	ne		1	V	
	organization by						0-0	Yes	No
	(i) unrelated organizations						· 3a(i)		
	(ii) related organizations · · · · · · · · ·	• • • • • • • • • •					· 3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organizations	•					. 3b		
4	Describe in Part XIII the intended uses of the orga		nt funds						
Pai	rt VI Land, Buildings, and Equipm				_				
	Complete if the organization an	swered "Yes" on	ı Form 990, Par	t IV, line 11	a See	Form 990, Pa	rt X, line	10	
	Description of property	(a) Cost or othe	r basis (b) Cost o	or other basis	(c) A	ccumulated	(d) Book	k value	
		(investme	nt) ((other)	de	preciation			
1a	Land · · · · · · · · · · · · · · · · · · ·								
b	Buildings								
С	Leasehold improvements								
d	Equipment			5,308		2,411		2,89	7
e	Other			<u></u>					
	. Add lines 1a through 1e (Column (d) must equal I		ımn (B), line 10c)					2,89	7

Schedule D (Form			32-04:	<u> 13200 P</u>	age
Part VII	Investments - Other Securities.				
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11b See Form 990,	Part X, line 12	<u>!</u>
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation		
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					_
(H)	 = -				
Total (Column (b)	must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11c See Form 990,	Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			· · · · · · · · · · · · · · · · ·		
(9)					
Part IX	must equal Form 990, Part X, col (B) line 13) Other Assets.	,			
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11d See Form 990,	Part X, line 15	i
	(a) D	escription		(b) Book value	
(1) Secur	ity Deposit				50
(2)					
(3)					
(4)					
(5)					
(6)				_	
(7)	<u> </u>				
(8)					
(9)					
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 15)				50
Part X	Other Liabilities.	d IIV II F 000 P	+ IV / Ivon 44 445 Coo Form	- 000 Dad V	
	Complete if the organization answere	d tes on Form 990, Par	tiv, line the of the See For	11 990, Part A,	
	line 25				
1.	(a) Description of liability	(b) Book value			
(1) Federal ı			-		
	ll Tax Liabilities	1,434	-		
(3)			- ,	•	
(4)			-		
(5)	-		-		
(6)			-		
(7)			4		
(8)	·····		1		
(9)			J		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

1,434

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

		32-0413200	Page 4
Pa	rt XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
а	Net unrealized gains (losses) on investments	12:1	
b	Donated services and use of facilities	7 ,	
С	Recoveries of prior year grants	7.1	
d	Other (Describe in Part XIII)	7′	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	 	
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	, a,	
b	Other (Describe in Part XIII)	┤	
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1.41	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	per rectarri.	
_		1 1	
1	Total expenses and losses per addited intribut statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	3.	
a	Donated services and use of facilities	⊣ ″*	
ь	Prior year adjustments	- ·	
C	Other losses · · · · · · · · · · · · · · · · · ·	⊣ *•~ 1	-
d	Other (Describe in Part XIII)	 -	
6	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1::1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. .	
b	Other (Describe in Part XIII)	<u> </u>	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIII″ Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part	X, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		····	
		· · · · · · · · · · · · · · · · · · ·	
			.
			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018

OMB No 1545-0047

Department of the Treasury Int No

Open to Public

Internal Revenue Service	▶G	o to www.irs.gov/Fe	orm990 for in	nstructions a	nd the latest information	1.	l	Inspection
Name of the organization						Ì	Employer ide	ntification number
Operation143							32-04	13200
Part I Fundraisir	ng Activities.	Complete if the	e organiz	zation ans	wered "Yes" on F	orm 990	, Part IV,	line 17
Form 990-E	Z filers are not	required to com	plete this	part				
1 Indicate whether the	organization raise	d funds through ar	_		es Check all that apply			
a 🔲 Mail solicitations					of non-government gra	nts		
b Internet and email	solicitations		f 📙	Solicitation (of government grants			
c Phone solicitations	S		g 🗌	Special fund	iraising events			
d 🔲 In-person solicitati	ons							
2a Did the organization h	nave a written or o	oral agreement with	h any individ	lual (includin	g officers, directors, tru	istees,		
or key employees liste	ed in Form 990, P	art VII) or entity in	connection	with profess	ional fundraising service	es?	□ Y	es 🗌 No
b If "Yes," list the 10 hig	hest paid individu	ials or entities (fund	draisers) pu	rsuant to agi	eements under which	the fundrais	ser is to be	
compensated at least	\$5,000 by the org	ganization						
(1) Managarah addana			(iii) Did fund	draiser have			unt paid to	(vi) Amount paid to
(i) Name and address of or entity (fundrar		(II) Activity	custody or	control of	(Iv) Gross receipts from activity		ained by) er listed in	(or retained by)
			contrib	utions?		col (i)		organization
			Yes	No				
1								
2			-					
3	,, ,,							
4								
5								-
6								
]				1
7								
			i	·				
8		·						
9							·	
10								
	· ·							
Total	<u> </u>			▶			_	
3 List all states in which t	the organization is	s registered or licei	nsed to solid	cit contributio	ns or has been notified	l it is exem	ot from	
registration or licensing	9							
			•					
								
							<u> </u>	

_		(Form 990 or 990-EZ) 2018 Ope	0413200 Page 2					
P	art II	Fundraising Events. Comp than \$15,000 of fundraising						
		gross receipts greater than		gross income on Form	990-CZ, lines Tand ob.	LIST EVENTS WITH		
		, groot receipts greater than	(a) Event #1 Dinner	(b) Event #2	(c) Other events	(d) Total events (add col (a) through		
			(event type)	(event type)	(total number)	∞l (c))		
e				(= 7,127	,			
Revenue	1	Gross receipts · · · · · · · ·	29,785			29,785		
	2	Less Contributions						
	3	Gross income (line 1 minus						
		line 2)	29,785			29,785		
	4	Cash prizes						
	5	Noncash prizes						
ses	6	Rent/facility costs · · · · · · · ·				····		
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses	4,424			4,424		
	10	Direct expense summary Add lines 4	1 through 9 in column (d)			4,424		
	11	Net income summary Subtract line 1	_			25,361		
Pa	rt II							
		than \$15,000 on Form 990	~	·	•			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
	1	Gross revenue						
S	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	☐ Yes % ☐ No	Yes %	☐ Yes % ☐ No	÷		
	7	Direct expense summary Add lines 2	2 through 5 in column (d)					
	8	Net gaming income summary Subtra	act line 7 from line 1, columi	n (d) · · · · · · · · · · · ·	<u>.</u> . ▶			
	9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?							
					- "-			
		ere any of the organization's gaming lic	·	or terminated during the tax		· · · · 📗 Yes 📗 No		
	_							

% ⊠ (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection 2018 □ Yes Employer identification number 32-0413200 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ■ Go to www.irs.gov/Form990 for the latest information. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN (a) Name and address of organization or government Department of the Treasury Name of the organization Operation143 Internal Revenue Servox SCHEDULE (Form 990) Partl Partil 9 8 £ € 9 8 6 3 ල 9

Schedule I (Form 990) (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA

Schedule I (Form 990) (2018) Operation 143

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Operation143

Page 2

Schedule I (Form 990) (2018) (f) Description of noncash assistance Backpacks full of food Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 123,459 Cost noncash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed 7,818 (b) Number of recipients (a) Type of grant or assistance 1 Backpacks full of food Part IV EFA 7 က 4 S 9

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury

Operation143

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number

32-0413200

Pa	rt I Types of Property	 		γ				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		•	ınts
1	Art - Works of art			Tom soo, rait viii, iiie rg	 			
2	Art - Historical treasures				 		_	
3	Art - Fractional interests · · · ·				<u> </u>			
4	Books and publications · · · ·				<u> </u>			
5	Clothing and household		, , ,		 			
-	goods							
6	Cars and other vehicles				1			-
7	Boats and planes · · · · · ·						_	-
8	Intellectual property · · · · · ·							-
9	Secunties - Publicly traded · · · ·				1			
10	Securities - Closely held stock · ·				<u> </u>			
11	Securities - Partnership, LLC,				<u> </u>			
	or trust interests							
12	Securities - Miscellaneous · · ·							
13	Qualified conservation				-			
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other · · · · · ·							
15	Real estate - Residential · · · ·							
16	Real estate - Commercial · · · ·				 			
17	Real estate - Other · · · · · ·				 			
18	Collectibles							
19	Food inventory · · · · · · ·	х		88,127	Cost			
20	Drugs and medical supplies · · ·			88,127	COSC			
21	Taxidermy						-	
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				<u> </u>			
25	Other ►()				 			
26	Other •							
27	Other ►() Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	the organization	on during the tay year for centre	huttons for	 			
	which the organization completed Fo			buttoris for	29			
	which the organization completed FC	ліп 0203, ган	TV, Donee Acknowledgement		25		Yes	No
30a	During the year did the arganization	ranguia bir sa	atribution on a secondario	dus Dort I lungs 1 through			163	140
Jua	During the year, did the organization	_						
	28, that it must hold for at least three	-		, and which isn't required		30a		X
_	to be used for exempt purposes for t		ng penoo / · · · · · · · ·			Sua	٠,	 . ^-
b	If "Yes," describe the arrangement in		4) 4			· · .		
31	Does the organization have a gift acc		•				 	V
	contributions?			· ·		31	-	X
32a	Does the organization hire or use this		-					
	contributions?	• • • • • •	• • • • • • • • • • • • • • • • • • • •			32a	ļ	X
b	If "Yes," describe in Part II			habada waxay x		.,	. ,	
33	If the organization didn't report an an	nount in colum	in (c) for a type of property for t	wnich column (a) is checked,				· . ·
	describe in Part II					1	^•	1 4

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Open to Rublic

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Operation143	32-0413200
01. Officer, directors, etc. family relationship (Part VI, line 2)	
The President and Founder is married to the Vice President of the organization	on.
02. Organizational document changes (Part VI, line 4)	
Organization changed it name from Operation Backpack to Operation143	
03. Form 990 governing body review (Part VI, line 11)	
Board of Directors reviews Form 990 and votes to approve for e-filing.	
04. Governing documents, etc, available to public (Part VI, line 19)	
Board of Directors implements and approves the governing documents, policies,	and the
financial statements of Operation Backpack Inc. The Board of Directors decid	es what
information is available for public disclosure. The Form 990 is available for	r review upon
the Internal Revenue Service website IRS.gov.	
05. General explanation attachment	
Form 990, Part I, Line 1 - Organization Mission or Significant Activities	
organización mission or organización	
Operation Backpack provides food to students living in various school distric	ts in and
around the Pottstown, Pennsylvania area who would go without food over the we	ekend. We
work to help homeless and hungry students succeed by addressing the issue of	childhood
hunger. Operation Backpack serves alongside individuals and organizations to	collect food
and materials. Volunteers pack these items into backpacks, which are sent ou	t to
qualifying students who discretely pick up the backpacks each Friday at a des	ignated place

Schedule O (Form 990 or 990-EZ) (2018)	Pag	ge 2
Name of the organization	Employer identification number	
Operation143	32-0413200	
,		_
	he neut week	
inside the school and return them on Monday. The process begins again for t	ne next week.	
	······································	—
	 	
		—
		_
,		
		—
 		—
•		
		—

Ĺ