990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

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

Open to Public

Inspection Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information. For the 2018 calendar year, or tax year beginning 2018, and ending , 20 (8 B Check if applicable: C Name of organization D Employer identification number 46079078 Address change Room/suite Name change haze if mail is not delivered to street address E Telephone number Number and street (or P.O. initial return 937-605-Final return/terminate City or town, state or proxince, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending G Accounting Method: X Cash ☐ Accrual Other (specify) H Check ▶ if the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 🔀 501(c)(3) 🔲 501(c) (**□527**) ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: Corporation ☐ Trust ☐ Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 3 0 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events: SCANNED WAY 0 7 2019. Gross income from gaming (attach Schedule G if greater than 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b c Less: direct expenses from gaming and fundraising events . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 O Q Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping . . 15 16 Other expenses (describe in Schedule O) . . 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 848 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 てい ア Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2018)

Cat. No. 10642I

| Par | | | | <u>-</u> | | | |
|--|--|-------------------------------|---|-------------------------|--------------|--|----|
| Check if the organization used Schedule O to respond to any question in this Part II | | | | | | <u> </u> | |
| | | | | (A) Beginning of year | Ц., | (B) End of year | |
| 22 | Cash, savings, and investments | | | 848 | 22 | 1465 | |
| 23 | Land and buildings | | | <u> </u> | 23 | 0 | |
| 24 | Other assets (describe in Schedule O) | | | 0 | 24 | AULC V | |
| 25 | Total assets | | | O | | MPZXO | |
| 26 | Total liabilities (describe in Schedule O) | (D) | | 848 | 26 27 | 1011 | |
| 27 Pari | Net assets or fund balances (line 27 of column Statement of Program Service Accom | | | | 21 | 1465 | |
| u en | Check if the organization used Schedule | • | | | ıl | Expenses | |
| What | is the organization's primary exempt purpose? | - 10 100 point 10 E | ., 4000 | | T(Re | quired for section | |
| | ribe the organization's program service accomplis | chmonts for each o | f its three largest i | Program conject | | (c)(3) and 501(c)(4) anizations; optional for | |
| | easured by expenses. In a clear and concise m | | | | | ers.) | |
| perso | ns benefited, and other relevant information for ea | ich program title. | | -, | 1 | | |
| 28 | Food Panty 1548 50 | sved in | 7018 | | | | |
| | Soup Kitchia LOS | meds s | ريرس سالا | <u>810-C.</u> | 1 | | |
| | ······································ | | | | l | h | _ |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | <u> </u> | 28 | 3 7633.C | نك |
| 29 | | | | | 1 | | |
| | | | | | i | | |
| | (Grants \$) If this amount | includes foreign gra | ente chack hara | | 298 | | |
| 30 | (Craits &) it this amount | includes loreign gra | unts, Crieck fiere . | _··· | 1236 | | |
| | | | | | l | | |
| | | | | | İ | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ □ | 30a | a | |
| 31 | Other program services (describe in Schedule O) | | | | | | |
| | | includes foreign gra | | | 318 | a | |
| | Total program service expenses (add lines 28a t | | | | 32 | | |
| Par | - · · · · · · · · · · · · · · · · · · · | | | • | instru | ictions for Part IV) | |
| | Check if the organization used Schedule | T | (c) Reportable | (d) Health benefits, | ` | · · · · · <u>L</u> | |
| | (a) Name and title | (b) Average hours per week | compensation | contributions to employ | | Estimated amount of | |
| | | devoted to position | (Forms W-2/1099-MIS) (if not paid, enter -0- | | | other compensation | |
| | crusa L Pouratt | _ | () | | 1 | ~ | |
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| art | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | П |
|----------|--|---------------|----------|--------------|
| | instructions for Fart v.) Orient in the diganization used achiedule O to respond to any question in this | | v Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 168 | \ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| 35a | change on Schedule O. See instructions | 34 | | X |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | × |
| C | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 6 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 7a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | > |
| ь | Did the organization file Form 1120-POL for this year? | 37b | | 4 |
| 88a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 00- | | Y |
| h | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 38a | | <u> </u> |
| b 19 | Section 501(c)(7) organizations. Enter. | 1 1 | | |
| a | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities |] | | |
| 0a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40ъ | | X |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | Y |
| 1 | List the states with which a copy of this return is filed ▶ ○\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | - | | |
| 2a | The organization's books are in care of Torona Torona Telephone no. > 93 Located at > 1576 Columbia Are Social OH ZIP+4 > : | 45 | <u> </u> | - 9 3 |
| Ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | X No |
| | If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country | 42c | | Y |
| 3 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | ▶ 🔲 |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | \Box | Yes | No |
| la | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | 又 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | × |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | X |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | \widety |
| | Form 990-EZ. See instructions | 45b | | |

| Page | 4 |
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| 40 | Did the organization engage, directly or ii | advectly in political c | ampaign activities o | n hohalf (| of or in opposit | ion 🌆 | res | INO | | |
|-------------|---|--|--|-------------------------|--|------------|---------------------|----------------|--|--|
| | to candidates for public office? If "Yes," o | | | | | | | X | | |
| Part \ | | | | | | | | | | |
| | All section 501(c)(3) organization | All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines | | | | | | | | |
| | 50 and 51. | _ | | | | | | | | |
| | Check if the organization used Sc | hedule O to respond | I to any question in | this Part | <u>VI</u> | <u></u> | 1 | , U | | |
| 47 | Did the organization engage in lobbying | activities or have a | castion 501/h) electi | on in offe | act during the | tav [| Yes | No | | |
| | year? If "Yes," complete Schedule C, Par | | | | | . 47 | , | l v | | |
| | Is the organization a school as described in | | | | | | | \ | | |
| | Did the organization make any transfers t | | | | | | a | X | | |
| | If "Yes," was the related organization a se | | | | | | | X | | |
| | Complete this table for the organization's | | | | | | | | | |
| | employees) who each received more than | 1 \$100,000 of compe | nsation from the orga | | If there is non ealth benefits, | e, enter | None. | " | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC | contribut benefit pl | nons to employee ans, and deferred ripensation | (e) Estima | ated amo ompensa | | | |
| | Nanu | | | | | | | | | |
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| 51 | Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent | 's five highest companization. If there is no | ensated independen | | | Compens | | e than | | |
| | | | | | <u> </u> | | | | | |
| | None | | 1 | | | | | | | |
| | <u></u> | | | | | | | | | |
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| | | | <u> </u> | | | | | · . | | |
| | Total number of other independent contra | • | • | .▶ | | | | | | |
| 52 | Did the organization complete Scheducompleted Schedule A | ule A? Note: Ali se | ection 501(c)(3) org | janization: | s must attacl | n a. | es 🗌 | No | | |
| | enalties of penjury, I declare that I have examined this ect, and complete. Declaration of preparer (other that | | | | | nowledge a | nd belief | , it is | | |
| | 1 June 2 Par | Hem | | | 4/10/1 | 9 | | | | |
| Sign | Signature of officer | 11 0 | · \ | | Date | | | | | |
| Here | | assett l | Director | | | | | | | |
| | Type or print name and title | Duan availa ava at | T' | Data | | 1 Portina | | | | |
| Paid | Print/Type preparer's name | Preparer's signature | [| Date | Check C | | 1 | | | |
| Prepa | l == . | | | | self-emplo | yeu | | | | |
| Use C | Only Firm's name ► Firm's address ► | | | | Firm's EIN ▶ Phone no | | | | | |
| May th | e IRS discuss this return with the prepare | r shown above? See | instructions | | | ► Y | es 🗌 | No | | |
| | | **** | | | | Form S | 90-EZ | (2018) | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| lame | of the organization | 5, 17 | M. W. D. | | | Employer identification | |
|--------|--|----------------------------------|---|---|------------------------|--|---|
| Da | Reason for Public Char | right | organizations must | T V C | to this n | 46079 | 0789 |
| Pai | organization is not a private founda | | - | | · - | | 115. |
| 1 2 | ☐ A church, convention of church ☐ A school described in section | nes, or associati | on of churches descri | bed in se | ction 17 | 0(b)(1)(A)(ī). | 07 |
| 3 4 | ☐ A hospital or a cooperative hos ☐ A medical research organization | | | | | | (iii). Enter the |
| _ | hospital's name, city, and state | | | | | | |
| 5 | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | |
| 6 7 | A federal, state, or local govern An organization that normally described in section 170(b)(1) | receives a subs | tantial part of its sup | | | | the general public |
| 8 | A community trust described in | n section 170(b) |)(1)(A)(vi). (Complete l | Part II.) | | | |
| 9 | ☐ An agricultural research organi or university or a non-land-grai university: | nt college of agr | nculture (see instructio | ons). Ento | r the nam | ne, city, and state of | the college or |
| 10 | An organization that normally receipts from activities related support from gross investment acquired by the organization at | to its exempt full income and un | nctions—subject to corelated business taxal | ertain exc ble incom | eptions, e (less se | and (2) no more that ection 511 tax) from | n 331/3% of its |
| 11 | An organization organized and | = - | • | - | | | |
| 12 | An organization organized and of one or more publicly support | | | | | | |
| | Check the box in lines 12a thro | ugh 12d that de | scribes the type of sur | porting o | rganızatı | on and complete line | s 12e, 12f, and 12g. |
| а | ☐ Type I. A supporting organ the supported organization supporting organization. You | (s) the power to | regularly appoint or e | lect a ma | | | |
| b | Type II. A supporting organ control or management of to organization(s). You must organization(s). | the supporting o | rganization vested in | the same | | | |
| С | Type III functionally integrits supported organization(| | | | | | ally integrated with, |
| d | Type III non-functionally integrated that is not functionally integree requirement (see instruction | grated. The orga | nization generally mus | st satisfy | a distribu | ition requirement an | |
| е | Check this box if the organ functionally integrated, or T | | | | | | e II, Type III |
| f | Enter the number of supported of | _ | | | | | |
| g | Provide the following information | | · · · · · · · · · · · · · · · · · · · | | | | 4.0.4 |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | -10 listed in your governing support (see other support | | | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| A) | | | | | | | |
| B) | | | | | | | |
| C) | | | | | | | |
| D) | | | | | | | |
| E) | | | | | | | |
| otal | | | | | | | - · · · · · · · · · · · · · · · · · · · |

18

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 'Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, membership fees received. (Do not <u>151</u>39 15139 include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 5 The portion of total contributions by person (other than 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 Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 15139 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from \circ 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 0 (Explain in Part VI.) 15139 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 14 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 331/2% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this b 331n% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331n% or more, check 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 b 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

| Part | (Complete only if you checked the | ne box on line | e 10 of Part I | or if the orga | | | der Part II. |
|----------|---|----------------------|--|------------------|------------------|--------------------|---------------------------------------|
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | omplete Part I | l.) / | |
| Secti | on A. Public Support | | | | | | |
| Calen | dar 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 | |] | | 1 | | ١ |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | / | |
| | organization's tax-exempt purpose | | | | | , | ··· · · · · · · · · · · · · · · · · · |
| 3 | Gross receipts from activities that are not an | | | | / | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | İ | / | | |
| | organization's benefit and either paid to | | | } | / | | |
| _ | or expended on its behalf | | ļ | | / | | |
| 5 | The value of services or facilities | | | | / | | |
| | furnished by a governmental unit to the organization without charge | | | / | ľ I | | |
| • | | | | / | ļ | | |
| 6 72 | Total. Add lines 1 through 5 | | | / | | | |
| 1 a | received from disqualified persons . | | | / | | | |
| h | Amounts included on lines 2 and 3 | | | / | | | |
| В | received from other than disqualified | | | / | | į | |
| | 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 | | - 15 | | <u> </u> | | - F. | |
| _ | line 6.) | | 1 - /- | _ | | | |
| Secti | on B. Total Support | | ' | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) /2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | / | | } | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | | · | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | / |] | | | 1 | |
| | acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b | /_ | <u> </u> | | | | |
| 11 | Net income from unrelated business | | } | 1 | 1 1 | 1 | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | _/ | | | | | |
| 12 | Other income. Do not include gain or | | 1 | 1 | | 1 | |
| | loss from the sale of capital assets (Explain in Part VI.) | 7 | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 13 | and 12.) | | I | 1 | | 1 | |
| 14 | First five years. If the Form 990 is for the | e organization | n'e firet secon | d third fourth | or fifth tay ve | ar as a section | n 501(c)(3) |
| • • | organization, check this box and stop he | _ | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | <u> </u> |
| 15 | Public support percentage for 2018 (line 8 | | | 13. column (fi) | | 15 | % |
| 16 | Public support percentage from 2017 Sch | | | | | 16 | /6 |
| | on D. Computation of Investment Inc | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2018 (| | | by line 13, colu | ımn (f)) | 17 | % |
| 18 | Investment income percentage from 2017 | | | | | 18 | % |
| 19a | 331/s% support tests-2018. If the organi | | | | | | |
| | 17 is not more than 331/2%, check this box | and stop here | . The organizati | on qualifies as | a publicly suppo | orted organization | on . 🕨 🔲 |
| b | 3318% support tests 2017. If the organiz | | | | | | 31/a%, and |
| | line 18 is not more than 331/3%, check this t | | | | | | |
| 20 | Private foundation. If the organization di | d not check a | box on line 14 | , 19a, or 19b, e | check this box | and see instruc | ctions 🕨 🗌 |

Yes No

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(1), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| Part | IV Supporting Organizations (continued) | | | |
|-------|---|--|----------|--------------------|
| 4.4 | | عاد عاد عاد عاد | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | - | - | 3730 |
| а | below, the governing body of a supported organization? | 11a | ******** | - |
| h | A family member of a person described in (a) above? | 11b | | \vdash |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | \vdash |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 1 | 132 |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 100 | | 4 |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 200 | 7 | 38.36 |
| | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | ** | , also | £ 3 |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | SHEET. | 11/41 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | <u> </u> | - 22 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | 72.7 | *** | 100- |
| | VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | 2 | ** | 五五 |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| a. | | 3 200 | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 100 | A 24 P | |
| | 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 | 1 | 1 | 4 3 |
| | the supported organization(s). | 1 | 1.00 m | 5.30 |
| Secti | on D. All Type III Supporting Organizations | <u> </u> | L | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | - F | - 2 | 7 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | 三流 |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 3000 | SE: | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | ************************************** | <u> </u> | *** |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | - | 1 |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | 1-25 2" | 3150. |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 1000 | | 2 |
| | significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 37 | STAL | in the |
| | supported organizations played in this regard. | 3 | samp. | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | _ 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ction | <u> </u> |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | -J· |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | struct | ions). |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 1 | | ر الحرود روادين |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 4 | 1.7 | 1 |
| - | those supported organizations and explain how these activities directly furthered their exempt purposes, | | dien's | 1.0 |
| | how the organization was responsive to those supported organizations, and how the organization determined | 7 | | |
| | that these activities constituted substantially all of its activities. | 2a | | Sume. |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 凝 | 1 | MA |
| | 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 | | 2000 A | A |
| | activities but for the organization's involvement. | 2b | متنقن | تكفنك |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | -25. D |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 找着 | 186 | 2.2.2 |
| _ | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 323 3a | DE.EL | فظعت |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | - | | - 32 |
| | 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 Org | gan | izations | | | |
|--|------|--|--------------------------------|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | | | |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 Net short-term capital gain | 1 | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | |
| 3 Other gross income (see instructions) | 3 | | | | |
| 4 Add lines 1 through 3. | 4 | | | | |
| 5 Depreciation and depletion | 5 | | | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 Other expenses (see instructions) | 7 | | | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 to | The Control of the Co | | | |
| a Average monthly value of securities | 1a | | | | |
| b Average monthly cash balances | 1b | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | 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 | <u>. </u> | | | |
| Section C – Distributable Amount | | | Current Year | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | Fall on the is in the state of a second . | | | |
| 2 Enter 85% of line 1. | 2 | TO SEE AND SEEDING | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | The state of the s | | | |
| 4 Enter greater of line 2 or line 3. | 4 | The state of the same of the s | " | | |
| 5 Income tax imposed in prior year | 5 | The way of the state of the | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| emergency temporary reduction (see instructions). | 6 | | | | |
| 7 Check here if the current year is the organization's first as a non-functional | y in | tegrated Type III supporting | organization (see | | |
| . instructions). | | | | | |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | izations (continued) | |
|--|--|-----------------------------|--|---|
| Secti | ion D—Distributions | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | orted | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | inizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. | th the organization is res | sponsive | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E-Distribution Allocations (see Instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part Vi). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | , ,,,, |
| a | From 2013 | - | | |
| b | From 2014 | - , - | | A.1 1 |
| С | From 2015 | | | |
| | From 2016 | 71 | | - |
| е | From 2017 | | | |
| 1 | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2018 distributable amount | | | |
| <u> i </u> | Carryover from 2013 not applied (see instructions) | | | |
| <u>i</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, line 7: \$ | - <u>-</u> | | |
| a | Applied to underdistributions of prior years | | | |
| <u>b</u> | Applied to 2018 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in 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. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| С | Excess from 2016 | - | | |
| d | Excess from 2017 | | - | |
| e | Excess from 2018 | -t - | e 4 | |

| Part VI | Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2l 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|------------|---|
| | Line 5 part I Section A |
| | Donors that gave 200 or more of the total of all donations |
| | the loted of all donations |
| | 916 |
| | 700 |
| | 720 |
| | 500 1800 |
| | 1500 |
| | 625 |
| | 6741 |
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SCHEDULE O (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.

20**18**

Department of the Treasury Internal Revenue Service

► Attach to Form 990.or 990-EZ.

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

Open to Public Inspection

| Name of the organization | Employer identification number |
|-------------------------------|---|
| The Right Path Inc | 460790789 |
| Description of other Expense | s past 1 Line 11 |
| Food Pantry | 4923 |
| Sono Kitchen | 2710 |
| Community/Holiday projects | 3772 |
| Fuel for picking up donations | 1503 |
| Bank Fees | 71 |
| Liability Irs | 250 |
| projects for made | 214 |
| Garden Supplies | 101 |
| · | 13544 |
| | |
| cash on Hand from unknown | 203.00 |
| doner 20275 didn't get to | |
| doposit before year and | |
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