"AK 1 5

990-EZ

C Name of organization 24

FORGE FLINT

746 S SAGINAW ST

FLINT, MI 48502

WWW FORGEFLINT ORG

K Form of organization: Corporation

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Name change

Amended return

I Website: ▶

Part I

7 1

Application pending

G Accounting Method

Final return/terminated

.21 2 Program service revenue including government fees and contracts ?1 3 Membership dues and assessments. ?: 4 Investment income . . . . . 5a 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) . 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than RS - OSC - 14 Gross income from fundraising events (not including \$ oNOptributions19 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c OGDEN, UTAH Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a b 7b C 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 52,640 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . . 11 11 12 Salanes, other compensation, and employee benefits 31 12 15,638 13 Professional fees and other payments to independent contractors ? 13 5,354 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . 14 3,362 15 Printing, publications, postage, and shipping. 15 374 16 Other expenses (describe in Schedule O) 2 . 16 21,725 Total expenses. Add lines 10 through 16 . 17 46,453 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 6187 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 10 end-of-year figure reported on prior year's return) . . . . . . . . 155,683 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20 161,870 21 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018) Cat No 106421

	Balance Sheets (see the instructions		anu augatian in thia	Dort II		
	Check if the organization used Schedule	e O to respond to a	any question in this	(A) Beginning of year	<del></del>	(B) End of year
00 0	h		-	100,069	22	106,256
	h, savings, and investments			51,114	+	51,114
	d and buildings			4,500	+	4,500
	er assets (describe in Schedule O)			155683	++	161,870
	al assets			155665	26	101,070
	al liabilities (describe in Schedule O)		F	155,683	+	161,870
27 Net Part III	assets or fund balances (line 27 of column Statement of Program Service Accom				21	101,870
Part III	Check if the organization used Schedule	•		•		Expenses
A/IA - 4I	organization's primary exempt purpose?				(Req	uired for section
Describe th as measure persons bei	ne organization's program service accomplied by expenses. In a clear and concise mentited, and other relevant information for each	shments for each on manner, describe that ach program title.	of its three largest pie services provided	program services, d, the number of		c)(3) and 501(c)(4) nizations, optional for rs )
FAMIL	ED 100 CAMPERS TO SPEND A WEEK PROVII IES, COMMUNITY CLEAN UP PROJECTS THR NERING WITH LOCAL NON-PROFIT GROUPS					
(Grant		includes foreign ar	ants, check here .	▶ □	28a	23,962
	RED VEHICLES THROUGH THE FORGE FLINT					
	RRED BY LOCAL NON-PROFITS					
(Grant:	s\$ ) If this amount	includes foreign gra	ants, check here .	▶ □	29a	22,485
30						
(Grants	e \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign ar	ants, check here .	▶ □	30a	
	program services (describe in Schedule 0)			· · · <u> </u>	Joa	
			ants, check here	▶ □	31a	
(Grants	program service expenses (add lines 28a				32	46,447
Part IV	List of Officers, Directors, Trustees, and Key					<del></del>
alt IV	Check if the organization used Schedule				13111110	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable 22 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ	01	Estimated amount of their compensation
R PAUL DO	NNELLÝ, CHAIRMAN	5 HOURS			-	· · · · · · · · · · · · · · · · · · ·
IM SKAFF,	SECRETARY	5 HOURS				
NGELA FIE	LD, TREASURER	2 HOURS				
ERRY LESI	LIE	5 HOURS				
					-	
					-	
			1	ľ		
			Į.		- 1	
						-



	Par	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the				
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	3 r art	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	103	~	?:
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>	
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c			
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V	?;
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	1 11		15. 12	
	ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	281		21
	b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved	18,635			
	b 40a	Gross receipts, included on line 9, for public use of club facilities				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>		<b>?</b> :
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	HA.	<u> </u>	
	41	List the states with which a copy of this return is filed ► MICHIGAN				
	42a	The organization of books are in date of processing and the same are a second are are a	10-922			
	b	Located at ► 5457 MEADOWCREST DR FLINT MI  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)?  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).	485 42b	Yes	No V	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u> </u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. ▶ Yes	No.	
		completed instead of Form 990-EZ	1 E I	ANCA S	<b>√</b>	
		completed instead of Form 990-EZ	44b		<u> </u>	
	d	explanation in Schedule O	44c 44d			
	b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	2		

Ves   No   Ves   Ves   No   Ves   Ves   Ves   No   Ves   Ves   Ves   No   Ves	Form 9	90-EZ (2018)						۱	age '
to candidates for public office? if "Yes," complete Schedule C, Part I  Section 501(c)(3) Organizations Only 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 Schedule O to respond to any question in this Part VI  Told the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes No  147 Did the organization as complete Schedule C, Part II  148 Is the organization as described in section 170(b)(1)/A)(i)? If "ves," complete Schedule E  149 All is the organization as described in section 170(b)(1)/A)(i)? If "ves," complete Schedule E  149 All is the organization as described in section 170(b)(1)/A)(i)? If "ves," complete Schedule E  140 All is the organization as control as described in section 170(b)(1)/A)(i)? If "ves," complete Schedule E  140 All is the organization as control as a secretion 52 organization?  150 Complete this table for the organization's five highest compensated employees (other than officers, directs, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  16) All All is a complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  16) All Interest in the organization of the propagation of the position of the position from the organization. If there is none, enter "None."  17) Total number of other independent contractors each receiving over \$100,000 Positions of the position of the							11 1 60%		
Section 501(c)(3) Organizations Only  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 Schedule O to respond to any question in this Part VI  The organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Bit the organization a school as described in section 170b(t)(1)A(iii)? If "Yes," complete Schedule E  Bit the organization a school as described in section 170b(t)(1)A(iii)? If "Yes," complete Schedule E  Bit the organization a school as described in section 170b(t)(1)A(iii)? If "Yes," complete Schedule E  Bit 'Yes," was the related organization a section 52? organization?  Bit 'Yes," was the related organization a section 52? organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation. If there is none, enter "None."  If Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None."  If Total number of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None."  If Total number of other employees paid over \$100,000 of compensation from the organization is one, enter "None."  If Total number of other employees paid over \$100,000 of compensation from the organization from the organization is one, enter "None."  If Total number of other employees paid over \$100,000 of compensation from the organization from the organization is none, enter "None."  If Total number of other employees paid over \$100,000 of compensation from the organization of the properties in one, enter "None."  If Total number of other employees paid every school of the properties of t	46							1	المنسا
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 Schedule O to respond to any question in this Part VI  147 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  148 Is the organization ask of a section 50 and section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  149 If "Yes," was the related organization as section 527 organization?  150 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation. If there is none, enter "None."  151 Complete this table for the organization's five highest compensated incompensation. If there is none, enter "None."  152 Complete this table for the organization's five highest compensated independent contractors who each received more than \$10,000 of compensation from the organization. If there is none, enter "None."  153 Complete this table for the organization's five highest compensated independent contractors who each received more than \$10,000 of compensation from the organization. If there is none, enter "None."  154 Complete this table for the organization's five highest compensated independent contractors who each received more than \$10,000 of compensation from the organization. If there is none, enter "None."  155 Complete this table for the organization in from the organization. If there is none, enter "None."  156 Sundant and the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A.  157 During the organization complete Schedule A.  158 During the organization of the highest section 501(c)(3) organizations must attach a complete Schedule A.  159 During the organization of the organization of the beaution of which prepare has any however the section 501(c) organizations.  159 During				, Parti	• • • •	· · · · ·	46		<b>V</b>
Check if the organization used Schedule O to respond to any question in this Part VI  147 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  148 Is the organization a school as described in section 170(h)(1)(h)(h)(h)? If "Yes," complete Schedule E  149 Did the organization as chool as described in section 170(h)(1)(h)(h)(h)? If "Yes," complete Schedule E  149 Did the organization of the organization as extended in section 170(h)(h)(h)(h)(h)? If "Yes," complete Schedule E  150 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  160 Name and title of each employee   100,000   10	Part			sations 47 40b on	d 50 and a	amplete the	tables f	ar lia	~~
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 1			is must answer que	35110115 47—43D at	id 52, and t	omplete the	tables i	01 1111	<b>5</b> 3
Yes   No   Yes   No   Yes			hadula O to respond	to any question i	n this Part V	ı			m
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax   veal* if if "es," complete Schedule C, Part II   Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   48   V   49a   V		Check if the organization used Sc	nedule O to respond	to any question i	ii tiis Fait v	<u>'                                    </u>		Vas	
year? If "Yes," complete Schedule C, Part II  ### Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  ### If "Yes," was the related organization a section 527 organization?  ### If "Yes," was the related organization a section 527 organization?  ### If "Yes," was the related organization a section 527 organization?  ### If "Yes," was the related organization a section 527 organization?  ### If "Yes," was the related organization is five highest compensation from the organization. If there is none, enter "None."  ### If It was per weak devoted to position organization. If there is none, enter "None."  ### If Total number of other employees paid over \$100,000  ### If Total number of other e	47	Did the organization engage in Johnving	activities or have a	section 501(h) elec	tion in effect	t during the ta	ax [	163	110
18 is the organization a school as described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule E 48	•••						1 :		1
Sign   Did the organization make any transfers to an exempt non-charitable related organization?   49a   V   W   W   W   W   W   W   W   W   W	· · · · · · · · · · · · · · · · · · ·								
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours be rivered devoted to position (c) Repair benefit plans, and deterred other compensation.  (c) Repartable compensation (c) Permit Mana and deterred other compensation.  (d) Realth benefit plans, and deterred other compensation.  (e) Repartable compensation.  (f) Composition (f) From W-2/1099-MISC)  (e) Realth benefit plans, and deterred other compensation.  (f) Composition (f) From W-2/1099-MISC)  (f) Realth benefit plans, and deterred other compensation.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (g) Name and business address of each independent contractor.  (h) Type of service.  (g) Compensation.  (h) Type of service.  (g) Compensation.  (h) Type of service.  (g) Compensation for the contractors each receiving over \$100,000.  (g) Type of service.  (h) Type of s									~
Complete this table for the organization is five highest compensated employees (other than officers, directors, fustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and fille of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (compensation)  (d) Reportable compensation  (e) Reportable compensation  (f) Reportable compensation  (h) Average hours per week devoted to position  (e) Reportable compensation  (f) Reportable compensation  (f) Reportable compensation  (g) Compensation  (g) Compensation  (g) Compensation  (g) Type of service  (g) Compensation  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Compens	b	,	•	•					
Di Average   Compensation   Compen	50	Complete this table for the organization's	five highest compen	sated employees (c	ther than off	icers, director	rs, trustee	s, an	d key
(a) Name and title of each employee		employees) who each received more than	1 \$100,000 of comper	nsation from the org	ganızation. If	there is none,	, enter "N	one."	
A Total number of other employees paid over \$100,000			(b) Average	(c) Reportable			(a) Estimato	d amoi	ot of
Total number of other employees paid over \$100,000		(a) Name and title of each employee			benefit olan				
f Total number of other employees paid over \$100,000 .    Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor   (b) Type of service   (c) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 .    Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A .    Nonder penalties of payury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if is received the complete Declaration of groups of my knowledge and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and belief, if is received the complete Declaration of groups and the complete Declaration of			devoted to position	4 01112 AA-51 1088-14112	comp	ensation		_	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 . ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  completed Schedule A  inder penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge  Sign letter  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check of the String	NONE								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN				ļ					
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN					_				
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Long penalties of penjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration oppreparer (other than officer) is based on all information of which preparer has any knowledge  Print Type or print name and title  Preparer's signature  Preparer's signature  Print is name  Print is name  Firm's EIN									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 .   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a complete Declaration of preparer in the preparer has any knowledge and belief, it is rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Print/Type or print name and trile  Preparer's signature  Preparer's signature    Date					İ				
d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☐ Yes ☐ No Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign   Signature of filter   Date   Check ☐ if   Print	<u> </u>	\$100,000 of compensation from the orga	nization. If there is no	ne, enter "None."		T			· · ·
d Total number of other independent contractors each receiving over \$100,000 . ►  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) Name and business address of each independ	ent contractor	(b) Type of S	ervice	(6) C	ompensatio	n 	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NONE								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		••••••							
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total number of other independent contra	ctors each receiving	over \$100.000 .	, ▶				
Completed Schedule A  Juder penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign   Signature of difficer   Date   Signature		•	•	•	anizations r	nust attach	a		
Sign Here    Signature of difficar   Date   Date   Signature of preparer's name   Preparer's signature   Date   Check   if self-employed   Signature			<u> </u>		<u></u>			□ N	0
Sign  Signature of difficer  Signature of dif	Jnder pe	nalties of penury, I declare that I have examined this re	eturn, including accompany	ing schedules and state	ments, and to th	e best of my know	vledge and b	pelief, if	is
Paid Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name	rue, corr	ect, and complete Declaration of preparer (other than	officer) is based on all infor	mation of which prepare	r has any knowle	edge			
Paid Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name		1 Aal							
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Jse Only Firm's name ► Firm's EIN ►	Paid	Print/Type preparer's name	Freparer's signature	'	Jet C				
Jse Only	•		<u> </u>			_ <del></del>	1		
Film 8 address P	Jse C	Tilly							
May the IRS discuss this return with the preparer shown above? See instructions	May the		shown above? See in	estructions		. <b>&gt;</b>	□ Vac	□ N	
Jse Only	•	Print/Type preparer's name	Preparer's signature			self-employed			_
<u> </u>	3 <del>C</del> C	Tilly			Pho	one no			

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Employer identification number Name of the organization 46-1203704 FORGE FLINT Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part i The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 33 3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (iii) Type of organization listed in your governing support (see other support (see (described on lines 1-10 document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E) 

Par	Support Schedule for Organiz (Complete only if you checked t	ations Descr he box on line	ribed in Sect	ions 170(b)(1 Part I or if th	I)(A)(iv) and i	170(b)(1)(A)(v n failed to qu	i) alify under
	Part III. If the organization fails to						
Sect	ion A. Public Support					· · · · · · · · · · · · · · · · · · ·	/
Cale	ndar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3		The American	Contraction of the contraction o	A Committee of the state of	returbalista in text	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	REPERTURE	<b>美国的企业</b>	ne orași	TENESTEEN ST	WINNESS OF	
	on B. Total Support			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		,	<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11					SECTION SELECTION OF THE SECTION OF	17776、建物规则	
12	Gross receipts from related activities, etc.					12	504( )(0)
13	First five years. If the Form 990 is for the						
O4'	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	<del></del>	· · • L
	on C. Computation of Public Suppor Public support percentage for 2018 (line 6			1 column (fl)		14	%
14 15	Public support percentage from 2017 Sch					15	<del></del>
16a	331/3% support test—2018. If the organi box and stop here. The organization qual	zation did not	check the box	on line 13, an	id line 14 is 33		
b	331/3% support test—2017. If the organization					is 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI/how the organization meets the "organization	ets the "facts- facts-and-circu	and-circumsta imstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c	ircumstances"	test, check t	his box and s	top here.
18/	Private foundation. If the organization did	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions	· · · · ·		<u> </u>			<u> </u>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	, <u></u>	<u> </u>	, р			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			1 - 2			<u> </u>
	received. (Do not include any "unusual grants.")	52,464	28,750	107,628	49,880	31,654	270,376
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1	<u> </u>			]	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						<del></del> _
3	unrelated trade or business under section 513						
				<u> </u>	<del></del>	<del> </del>	<del></del> -
4	Tax revenues levied for the					ĺ	
	organization's benefit and either paid to					}	
	or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the	1	l				
	organization without charge						
6	Total. Add lines 1 through 5	52,464	28,750	107,628	49,880	31,654	270,376
7a		ļ					
	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	l í					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			<u>-</u>	-		
8	Public support. (Subtract line 7c from	70 EU	e for the				_
	line 6.)		0.00 E				270,376
Secti	on B. Total Support	1.3.					
aler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	52,464	28,750	107,628	49,880	31,654	270,376
10a	Gross income from interest, dividends,						_
	payments received on securities loans, rents,		İ	i			
	royalties, and income from similar sources.		1				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ĺ	1		1	
	acquired after June 30, 1975	ŀ					
С	Add lines 10a and 10b					7	
11	Net income from unrelated business						
	activities not included in line 10b, whether				l		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	}		ļ	1		
	(Explain in Part VI.)	13,042	33,237	37,418	34,668	30,986	149,351
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1				419,727
14	First five years. If the Form 990 is for th	e organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her						
ecti	on C. Computation of Public Suppor			*			
15	Public support percentage for 2018 (line 8	, column (f), div	ided by line 13	3, column (f))		15	64 %
16	Public support percentage from 2017 Sch	edule A, Part II	I, line 15			16	71 %
ecti	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2018 (I	ine 10c, column	ı (i), divided by	line 13, colun	nn (f))	17	%
18	Investment income percentage from 2017					18	%
9a	331/3% support tests-2018. If the organi	zation did not d	theck the box	on line 14, and	d line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2017. If the organization	ation did not che	eck a box on lir	ne 14 or line 19	a, and line 16	is more than 33	_
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	eck this box a	ınd see instruct	ions ▶ 🛄

## 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.)

ect	ion A. All Supporting Organizations	
	Are all of the average in the average and average transplants by name in the average action's governing	Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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 <b>Part VI</b> when and how the organization made the determination.	3b
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c 12 15 15 15 15 15 15 15 15 15 15 15 15 15
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.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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)	5a
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?	5b
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
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.	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8
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 <b>Part VI</b> .	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 <b>Part VI</b> .	<b>9b</b>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	''A. '' H   H   H   H   H   H   H   H   H
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b

				. 495
Par	IV Supporting Organizations (continued)			1.0
		5-1189	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	188		
а	7,,,,,,,,,,	1	No.	533
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b	L	↓
	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	_	<u>i</u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7.30	N.	2.62
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	412	2.3	144
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			y . 7.1
	controlled the organization's activities. If the organization had more than one supported organization,	3.7		X 5.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	74. cy		1.54
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	138.54	1, 25	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	25	100
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1,1		, 33
	supervised, or controlled the supporting organization.	2	100,000	****
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	الْكَ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ	800°	1 70
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	撤出		
	or management of the supporting organization was vested in the same persons that controlled or managed	3	10	
	the supported organization(s).	1	المحتني	-
Sect	on D. All Type III Supporting Organizations			
	on b. All Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	13553	277	20122
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	12	10.5	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	5.40	2752	
2		भूग है। जन्मे	(5 s/k)	33.00
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	医洲	4 4	12.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		لشنفية
3		75.57	En aud	J ( 2" L.)
•	By feason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		3	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	700	V 13.8	r
	supported organizations played in this regard.		2 2 2	14.1
Coati	· · · · · · · · · · · · · · · · · · ·	3		
	on E. Type III Functionally Integrated Supporting Organizations		4iama	<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nsuuc	uons	<i>).</i>
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	!	4	1
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.	1-25-018	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		7.3	C.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	X92		2013
	those supported organizations and explain how these activities directly furthered their exempt purposes,			141
	how the organization was responsive to those supported organizations, and how the organization determined	11.3		
	that these activities constituted substantially all of its activities.	2a		735.2
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	法器		183
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	Mary 1	17.4	
	reasons for the organization's position that its supported organization(s) would have engaged in these		73	1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	C12, 2		<b>EX</b>
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			制度
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	- ا	لنصحيب
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			25%
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		أساليسيب

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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 instructions for short tax year or assets held for part of year):	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The state of the s	A STATE OF THE STA
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	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		<u> </u>
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	THE CHARLEST THE THE	
2 Enter 85% of line 1.	2	<b>"四天"的东部门,即是他们为了</b>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	下上於此中不不及不不 一	
4 Enter greater of line 2 or line 3.	4	<b>建于一种的代表的</b> 类型。	
5 Income tax imposed in prior year	5	が記述を含むないない。	
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			organization (see

Par	Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	ilzations (continued)	
Sec	tion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of supp	orted	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	anizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
	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 while (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		the state of the s	
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	· ·		
а	From 2013			- 1
b	From 2014			
С	From 2015		, , , , , , , , , , , , , , , , , , , ,	\
<u>d</u>	From 2016	4		
е	From 2017		·	, ,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			<u></u>
h	Applied to 2018 distributable amount			
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<del></del>
4	Distributions for 2018 from Section D, line 7: \$		· · · · · · · · · · · · · · · · · · ·	: .
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		· · · · · · · · · · · · · · · · · · ·	
С	Remainder. Subtract lines 4a and 4b from 4.		a s!	· · · · · · · · · · · · · · · · · · ·
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 <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7 <sup>-</sup>	j (v. 1711 - 121		
а	Excess from 2014 .		. !	
b	Excess from 2015	,	,	• ,.1
С	Excess from 2016		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
d	Excess from 2017	,	1 11	',
е	Excess from 2018		<u> </u>	أرزي والمراجع

p	ao	e	8

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Schedule	А	(Form	990 or	990	-EZ)	2018	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
FORGE FL	INT
PART III LII	NE 12 - OTHER INCOME IS CAMP REGISTRATIONS RECEIVED FROM PARTICIPANTS
•••••	
•	
•••••••	

#### 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.

OMB No 1545-0047

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

FORGE FLINT 46-1203704 PART 1 LINE 16 OTHER EXPENSES ADVERTISING \$2959.75 **BANK FEES** \$138 01 CAMP EXPENSES \$2711 26 GARAGE EXPENSES \$3485.42 INSURANCE \$5565 MEALS AND ENTERTAINMENT \$70 OFFICE/ADMIN \$1482 52 PROJECT SUPPLIES \$2136 46 TAXES/LICENSES \$45 TRAVEL \$379 12 VEHICLE \$2751 30 TOTAL OTHER EXPENSES \$21,725 PART II LINE 24 OTHER ASSETS 2003 CHEVY SUBURBAN \$2000 2003 CHEVY SILVERADO \$2500 TOTAL OTHER ASSETS \$4500