990-F7

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

SCANNED DEC 1 8 2019

For Paperwork Reduction Act Notice, see the separate instructions.

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calenda	ar year, or tax year beginning JULY 1 , 2018, and ending	J	UNE 30	, 20 19	
B	Check if a	pplicable	C Name of organization	D Emp	loyer ide	ntification number	
	Address o	change	NEWCOMER COMMUNITY SERVICE CENTER		52	-1138618	
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	ohone nu	mber	
=	Initial retu		1628 16TH STREET NW		202-462-4330		
=	Fınal retur Amended	up Exen	nption				
=		on pending	nber 🕨				
		ting Method	WASHINGTON, DC 20009 ☐ Cash	l Check	▶ ☐ ıf	the organization is not	
ΙV	Vebsite	e: >	•	required	d to atta	ch Schedule B	
J T	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990	-EZ, or 990-PF)	
		organization.					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets			
(Par	rt II, col		500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ctions	for Part I)	
		Check if	the organization used Schedule O to respond to any question in this Part	1	<u> </u>	<u> </u>	
	1	Contributio	ns, gifts, grants, and similar amounts received		1	5,000	
	2		ervice revenue including government fees and contracts		2		
	3	Membersh	p dues and assessments		3		
	4	Investment			4	60,091	
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c		
	6	-	d fundraising events:				
d)	a		ome from gaming (attach Schedule G if greater than				
Revenue							
Š	þ		me from fundraising events (not including \$ of contribution)	ons			
æ			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b				
					100		
	C	Less: direc	t expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract			
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines of and ob and s	ubiraci	6d		
	_ _	•	a of muchanic long vaturing and allowances				
	7a		s of inventory, less returns and allowances				
	b		of goods sold		7c		
	8 8			- 	8	2	
	9		nue (describe in Schedule O)		9	65,093	
	10		similar amounts paid (list in Schedule O)	100	10	00,000	
	11		and to or for members	8-0	11		
es	12		her compensation, and employee benefits	. 8	12	50,932	
ıse	13				13		
Expens	14	Occupancy	al fees and other payments to independent contractors . OGDEN; UT		14	11,760	
X	15		iblications, postage, and shipping		15	32	
	16		nses (describe in Schedule O)		16	5,413	
	17	•	nses. Add lines 10 through 16		17	68,137	
	18		deficit) for the year (Subtract line 17 from line 9)		18	3,044	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree				
Ass		end-of-yea	r figure reported on prior year's return)		19	25,496	
et,	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20		
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	>	21	22,452	

Cat No 10642I

Form **990-EZ** (2018)

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Pa	Balance Sheets (see the instructions						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u>.</u> .	. <u> </u>	🗆
				(A) Beginning of year		(B) End of	f year
22	Cash, savings, and investments			25,496		7_	22,452
23	Land and buildings				23		
24	Other assets (describe in Schedule O)				24	 	
25 26	Total assets				25		
27	Net assets or fund balances (line 27 of column			25,496	26		
Par					211		22,452
	Check if the organization used Schedule					Expens	es
Wha	t is the organization's primary exempt purpose?		,			uired for se	
as m	ribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the					optional for
28							
			•			ĺ	
	(Grants \$) If this amount		nte ebook bore		20-		
29					28a	<u> </u>	
29	·					l	
			••••••			ĺ	
	(Grants \$) If this amount	includes foreign gra	ents, check here	▶ □	29a		
30	(draws —) if this arroan	· · · · · · · · · · · · · · · · · · ·			200	-	
			•			ĺ	
			•				
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here	▶ □	30a	İ	
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ □	31a		
	Total program service expenses (add lines 28a				32		
Par							
	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·	y question in this (c) Reportable	(d) Health benefits,	`	• • •	· · L
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employed benefit plans, and	ot	stimated her comp	
VILA	/ CHALEUNRATH - DIRECTOR	10					
ELLE	N MERCIER - CHAIR						
					-↓		
FORG	OUD ARSANJANI - EX OFFICIO						
					+		
CLEV	E HARRIGAN - EX OFFICIO						
DA1/1	D POUDLA EV OFFICIO				+-		
DAVI	D BOUPHA - EX OFFICIO	i i					
					+		
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		. <u> </u>
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	Yes	No
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	33		
0.5	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		1
b 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	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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		_	لن
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			<u> </u>
39	Section 501(c)(7) organizations, Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		•	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		-
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed 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		_
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Located at ▶ ZIP + 4 ▶		·	
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country ▶			' {
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43	· ·	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		7
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		7
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	-	<u>√</u>
AE -	explanation in Schedule O	44d 45a		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	40a	, -	-
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		$\overrightarrow{\ }$

46	Did to c	the organization engage, directly or in andidates for public office? If "Yes," of the control of	ndirectly, in political d complete Schedule C	campaign activities o	n behalf of or	in opposition	on 4		
Part		Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only					for I	ines
		Check if the organization used Sc	hedule O to respond	d to any question in	this Part VI				
								Ye	s No
47	year	the organization engage in lobbying ? If "Yes," complete Schedule C, Par	tll				47	,	✓
48		e organization a school as described ii					48	-	
49a b		the organization make any transfers t es," was the related organization a se					49 49	_	1
50		plete this table for the organization's							and ke
		loyees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compen	to employee (and deferred	e) Estima other co		
								_	
									
				ĺ					
f	Tota	I number of other employees paid over	er \$100,000	. ▶					
51	Complete this table for the organization's five highest compensated independent contractors who each received more								re thai
	\$100	0,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)) Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c) C	ompensa	tion	
						<u> </u>			
					[
									-
		·····							
d	Total	number of other independent contra	ctors each receiving	over \$100,000	>				
52		the organization complete Schedu	le A? Note: All se	ction 501(c)(3) orga	ınızatıons mi				
	 -	pleted Schedule A	· · · · · · ·	· · · · · ·			'✓ Ye		No
Under pe true, cor	enalties rect, an	s of perjury, I declare that I have examined this rend complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all inco	mig schedules and statem mation of which preparer i	ents, and to the l has any knowled	oest of my knov ge	vledge ar	d belie	ef, it is
		1 Stan	Kedowall	/	- 				
Sign	İ	Signature of officer		<u></u>	Date				
Here		VILAY CHALEUNRATH - EXECUTIV	/E DIRECTOR		10/25	/2019			
		Type or print name and title	Preparer's signature		nte		PTIN		
Paid		Print/Type preparer's name	oparor o aignaturo		··· ·	Check if self-employed	Į.		
Prepa Use (Firm's name			Firm'	s EIN ▶			
		Firm's address ▶			Phon				
May th	e IRS	discuss this return with the preparer	shown above? See I	nstructions		🕨	☐ Ye	sП	No

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 chantable 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

Name of the organization Employer identification number NEWCOMER COMMUNITY SERVICE CENTER 52-1138618 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 2 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). 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: 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.) 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 331/3% 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 331/3% 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 12d. 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 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. 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) 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, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes Ñο (A) (B) (C) (D) (E) PROPERTY OF THE PROPERTY OF TH

Par	Support Schedule for Organize	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	·)
	(Complete only if you checked to Part III. If the organization fails to						alify under
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.")	3,750	6,041	5,000	5,000	5,000	24,79
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	3,750	6,041	5,000	5,000	5,000	24,79
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	, ,					24,791
	ion B. Total Support	() 0044	41.0045	4-) 0040	(1) 0047	4.) 0040	(0 T.) -1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,750	6,041	5,000	5,000	5,000	24,791
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	. 0	2	3	3	2	10
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.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	<u></u>				1	24,801
12	Gross receipts from related activities, etc.	•				12	504()(0)
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	re			•	ar as a section	
14	Public support percentage for 2018 (line 6			1. column (f))		14	%
15	Public support percentage from 2017 Sch		=		-	15	%
16a	331/3% support test—2018. If the organi box and stop here. The organization qual	ifies as a public	cly supported	organization			▶ 🗆
b	331/3% support test—2017. If the organization	qualifies as a p	ublicly suppor	ted organization	on		▶ 🗆
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-	and-circumsta	nces" test, cho st. The organiz	eck this box ai	nd stop here.	Explain in
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 neets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	top here.
18	Private foundation. If the organization did				or 17b, check	this box and s	ee

Part							
	(Complete only if you checked the						ider∕Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	/
	ion A. Public Support		•				·
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201,8 [®]	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	Ì			/		
	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						
	organization's benefit and either paid to				/		
	or expended on its behalf				/		
5	The value of services or facilities			/			
	furnished by a governmental unit to the			/	}		
	organization without charge			/			
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .			/			
b	Amounts included on lines 2 and 3		<u> </u>	/			
_	received from other than disqualified		/	1		i	
	persons that exceed the greater of \$5,000	\					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	7 wa	r . /	7	, , ·		
	line 6.)			'	_		
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,			d			
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less	7		4			
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on				\ \	, l	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	-					
	(Explain in Part VI.) /				}		
13	Total support. (Add lines 9, 1%c, 11,						
	and 12.) /						
14	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her					1	> 🗀
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8		-			15	%
_16	Public support percentage from 2017 Sch			<u> </u>	<u></u>	16	
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I					17	\ %
18	Investment income percentage from 2017					18	\ %
19a	331/3% support tests - 2018. If the organi						
	17 is not more than 3/31/3%, check this box a						
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this b	-	=	•		•	_
20	Private foundation. If the organization did	d not check a	box on line 14	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

(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 S	Supporting Or	ganizations			
<u>—. </u>				 	
					_

Yes No 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. 1 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). 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. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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 c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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 Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Part	Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	1		·
h		11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yee" to a board entity of a person described in (a) or (b) above?	11b		┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	116	<u> </u>	
3601	on B. Type I Supporting Organizations		Vas	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ĺ	ŀ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ì
	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		ĺ	
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			l
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
3	significant voice in the organization's investment policies and in directing the use of the organization's	ļ į		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	1.0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	5).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			7-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\Box		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			, 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Ī
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these			i
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			Í
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	احيا،		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	J	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functional States of the Part V Type III Non-Function III Non-Funct	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 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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		•	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	·	_
e Discount claimed for blockage or other factors (explain in detail in Part VI).		•	-
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		:	
emergency temporary reduction (see instructions).	6	<u>, </u>	
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	· · · · · · · · · · · · · · · · · · ·	
Sect	Section D-Distributions				
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	empt purposes of suppo	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.	h the organization is res	sponsive		
9	Distributable amount for 2018 from Section C, line 6		·		
10	Line 8 amount divided by line 9 amount				
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014				
c	From 2015				
	From 2016			-	
- <u>е</u>	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years	_			
	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b				<u> </u>	
С	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.				
a	Excess from 2014				
<u>b</u> _	Excess from 2015				
<u>C</u>	Excess from 2016				
d_	Excess from 2017				
<u>e</u>	Excess from 2018				

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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.)
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