Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public//// Open to Public

Deportment of the Traceur.	▶ Do not enter social security numbers on this form as it may be made public// //
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.

Dep Inte	artment of rnal Revenu	the Treasury Je Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	עאאי	Inspection	29
A	For the	2018 cale	endar year, or tax year beginning $\operatorname{July} 1$, 2018, and ending June	: 30	, 20 19	4
В	Check if a	applicable	C Name of organization Transition Service, Inc.	D Employe	r identification number	61
	Address	change	Doing business as Studio 8 Ten and Circle Magazine	88-039	5940	_ಀ
	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon	e number	C
	Initial retu	-	2408 Las Verdes Street	702-38	3-1106	5
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			نن
ī	Amended		Las Vegas, NV 89102	G Gross rec	ceipts \$ 4,237,408	
Ŧ					ubordinates? Yes X No	_ ట
			·		included? Yes No	4
1	Tax-exem	npt status			list (see instructions)	د
J		•	asvegas.com H(c) Group e	exemption r	number >	2
K				1	of legal domicile Nevada	_ a
P	art I	Summ				⁻ O
			escribe the organization's mission or most significant activities The mission o	f Tran	sition Service	s.
ē	1	-	s to provide meaningful work and experiences to support		·	Ξ. ′
and			lities.	PHOPHO		
ern e			is box ▶ ☐ if the organization discontinued its operations or disposed of more than it	25% of it	ts net assets	
Governance			of voting members of the governing body (Part VI, line 1a)	3		7
ග්	1		of independent voting members of the governing body (Part VI, line 1b)	4		- 7
Activities &			nber of individuals employed in calendar year 2018 (Part V, line 2a)	5	56:	<u>-</u> 1
Ξ			nber of volunteers (estimate if necessary)	6	20	_
Ç			elated business revenue from Part VIII, column (C), hee 12	7a		5
`	′a	Not uprol	lated business taxable income from form section 11319	7b		<u>-</u>
	 	ivet unite			Current Year	-
	8	Contribut		3,757	36,938	_ Ω
Revenue	L		tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) 33, 920	0,486	4,024,48	_
ven		-	service revenue (Part VIII, line 2g)	0,400	4,024,40.	<u>-</u>
æ	10	Other	ent income (Part VIII, column (A), lines 3, 4 and 70) venue (Part VIII, column (A), lines 5, 6d, 8c, 9C, 10C, 10C, 10C, 10C, 10C, 10C, 10C, 10	1,786	76,77	<u> </u>
				6,029	4,138,19	
_			· · · · · · · · · · · · · · · · · · ·	0,029	4,130,19	<u>-</u>
			nd similar amounts paid (Part IX, column (A), lines 1–3)	0		<u>-</u>
			paid to or for members (Part IX, column (A), line 4)	7,373	3,473,603	<u>3</u>
Expenses		•			4,250	_
en				2,000	4,230	-
EXT			draising expenses (Part IX, column (D), line 25) ► 4,250	0.046	744,85	
			· · · · · · · · · · · · · · · · · · ·	0,046	4,222,70	_
		•		9,419	•	_
		Revenue	less expenses Subtract line 18 from line 12 Beginning of Curi	6,610	(84,50° End of Year	<u>'</u> '
Net Assets or Fund Balances	20	Total				<u>-</u>
Sse	20			0,257	2,194,209	_
	21		· · · · · · · · · · · · · · · · · · ·	9,741	***	_
	22 art II		ts or fund balances Subtract line 21 from line 20 1, 660	0,516	1,576,00	-
				- bast of m		_
tru	ider penait ie. correct.	ies or perju and compl	iry, I declare that I have examined this return, including accompanying schedules and statements, and to the lete_Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	e best of m dge	y knowledge and beller, it i	5
	1				- 12 2010	_
Qi,	gn	S100	ature of officer Date	vember	13, 2019	_
-	re	· .		•		
16	16	_	lly D. Rothfuss Executive Director			-
		<u>, , , , , , , , , , , , , , , , , , , </u>	pe preparer's name Preparer's signature Date	<u> </u>	PTIN	-1
Pa	ıid		Daniel V. Margary	Check 2	<u> </u>	
Pr	eparei	· -			loyed P01209170	-1
	se Only	Firm's n			8-0253504	_
		Firm's a		eno 702	2-385-7080	_
			s this return with the preparer shown above? (see instructions)	_	X Yes No	_
For	Paperw	ork Redu	ction Act Notice, see the separate instructions.		Form 990 (2018	3)

For Paperwork Reduction Act Notice, see the separate instructions.

Part	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	The mission of Transition Services, Inc. is to provide meaningful work and	exper	riences
	La company and a contract of the description		
	to support people with disabilities.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	☐ Yes	⊠ No
•	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		[]
		☐ Yes	∆ NO
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services,	ac maa	sured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,911,822 including grants of \$) (Revenue \$		<u> </u>
	The mission of Transition Services, Inc. is to provide meaningful work exp	erienc	es
	to support people with disabilities. This includes their work at Studio 8 their publication of Circles Magazine.	Ten ar	ıd
		•••••	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
	, , , , , , , , , , , , , , , , , , ,		- '

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		_)
	•		
لہ 4	Other program convices (Decembers Cabilda Cabi		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ►	3 a	11,822
	pg and an	σ_{I}	,

Form 990 (2018) Part IV **Checklist of Required Schedules**

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

		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a	24a		Х
	24b		Х
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	28a		X
Schedule L, Part IV	28b		Х
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	29		X
conservation contributions? If "Yes," complete Schedule M	30		Х
• • • • • • • • • • • • • • • • • • • •	31		X
complete Schedule N, Part II	32		Х
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
or IV, and Part V, line 1	34		X
	35a		X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	х	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III Was the organization revolved a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Sc	Part IX. column (A), ine 27 if "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization answer as tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I/ Part II and the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trax-exempt bonds? Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any trax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person uring the year? "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees substantial contributor or employee therefor, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV As the organization provide a grant or other assistance to an officer, director, trustee, key employees or disqualified person uring to a business transaction with one of the following parties (see Schedule L, Part IV As family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organ	Part IX, column (A), line 27 If "Yes," complete Schedule I, Part I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization and an an escrow account other than a refunding escrow at any time during the year? Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I is the organization review and the transaction and that the transaction and the transaction and that the transaction with a disqualified person in a prior disqualified person in a prior to former officer, director,

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

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applica	а	Enter the	number re	eported in	1 Box 3 o	f Form 1096	Enter -0-	- if not a	applicab	le
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b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
_	Enter the number of employees reported on Form W.2. Transmitted of Wage and Tay		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 561									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X							
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X						
b										
4a										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<u>x</u>							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		—							
0	sponsoring organization have excess business holdings at any time during the year?	0								
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a								
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		. —						
10	Section 501(c)(7) organizations. Enter	35								
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A									
11	Section 501(c)(12) organizations. Enter									
а	Gross income from members or shareholders . 11a N/A									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b N/A									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a_								
	Note. See the instructions for additional information the organization must report on Schedule O									
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b N/A									
^	the organization is licensed to issue qualified health plans N/A Enter the amount of reserves on hand N/A									
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a								
15		170								
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N			 						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
-	If "Yes," complete Form 4720, Schedule O									

Form 99	90 (20,18)			ı	Page 6				
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes								
	Check if Schedule O contains a response or note to any line in this Part VI				X				
Secti	on A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O								
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	elationship with			X				
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		Х				
5 6	Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization base members or stockholders?	on's assets?	5 6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following	dertaken during							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		Х				
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		X				
С	Did the organization regularly and consistently monitor and enforce compliance with the parameter describe in Schedule O how this was done	oolicy? If "Yes,"	12c	Х					
13	Did the organization have a written whistleblower policy?		13		X				
14	Did the organization have a written document retention and destruction policy?		14	Χ					
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation								
a	The organization's CEO, Executive Director, or top management official		15a		Х				
b	Other officers or key employees of the organization		15b		X				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangement							
b	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its	16a		X				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b						
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website. Another's website. Upon request. Other (explain in Sci.	t apply hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year				, and				
20	State the name, address, and telephone number of the person who possesses the organization Sally D. Rothfuss, 2408 Las Verdes Street, Las Vegas, NV 89102	n's books and re 702-383-1		>					

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	ensa	ited any currer	nt officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	(do n box, office	ot ch unles	Pos neck	c) ition more	e than o	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)		Institutional trustee		ployee	Highest compensated employee		(4-27 1033-141100)		and related organizations
(1) Sally D. Rothfuss Executive Director	40					Х		63,803	0	3,291
(2) Michael Wasınger	1									
President		Х		Х			<u> </u>	0	0	0
(3) Kelly Woods	1									
Secretary		Х		Χ			<u> </u>	0	0	0
(4) Bernard Bermudez	1									
Treasurer		Х	_	Χ				0	0	0
(5) Teri Burton	1									
Director	ļ	Χ		Χ				0	0	0
(6) Alice Elam	1									
Director		Х		Χ			<u> </u>	0	0	0
(7) Cynthia Judge	1						ł			
Director	ļ	X		Х				0	0	0
(8) Tony Raimondo	1									
Director	ļ <u> </u>	X		Χ				0	0	
(9)	<u> </u>									
(10)	ļ									
(11)										
(40)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	Name and title Average hours per hours per officer and a director/trustee) Name and title Average hours per officer and a director/trustee) Name and title Reportable compensation from related			on from amount of									
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M			nsation the zation elated	
(15)												-		_
(16)														
<u>(17)</u>												-		
(18)					 									_
(19)													_	
(20)														
(21)														
(22)														
(23)														
(24)														—
(25)														
1b c	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A				L	>	63,803		0		3,2	
2	Total number of individuals (including but reportable compensation from the organic		l to th	ose	list	ed a	above	e) w		ore than \$10		of	3,2	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est comper	nsated	$\overline{}$		lo
4	For any individual listed on line 1a, is the organization and related organizations individual												· · · ·	{
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ividual	5		
Section	on B. Independent Contractors											1 - 1		_
1	Complete this table for your five highest compensation from the organization Repyear												n's tax	
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compensa	tion	
N/A								_						_
			•						,					_
2	Total number of independent contractor	ors (includir	na bi	ıt n	ot I	lımit	ed to	th	ose listed ah	ove) who				_ _
_	received more than \$100,000 of compens	-	-							.,				

	90 (20,1		-					Page 9
Par	VIII	Statement of Reve				5 () (1)	-	
***	, u	Check if Schedule C	Contains a re	esponse or note to	o any line in this (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		i i i i i i i i i i i i i i i i i i i	e se francasion i	ar y PE HD e scent as		exempt function revenue	business revenue	excluded from tax under sections 512 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cor All other contributions, g	11 10 10 10 10 10 10 10 10 10 10 10 10 1) ;				
Contributi and Other	g h	and similar amounts not inc Noncash contributions includ Total . Add lines 1a–1	cluded above 19 ded in lines 1a–1f		36,938			
Program Service Revenue	2a b c	Program service		Business Code	4,016,999	4,016,999	0	0
Program (e f g	All other program ser Total. Add lines 2a–2		. •	4,024,485			1
	3 4 5	Investment income and other similar amo income from investmen Royalties	ounts)	•				
	6a b c	Gross rents Less rental expenses Rental income or (loss)		0 0			·	
	d 7a b	Net rental income or of Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(ii) Other	0			
	c d	and sales expenses Gain or (loss) Net gain or (loss)		0 0	0			
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c)	a 4,947				
Oth	С	Less direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19	rom fundraisin aming activities	b 3,885	1,062			
	С	Less direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming ad iventory less		0			
	С	Less cost of goods s Net income or (loss) f Miscellaneous R	old rom sales of in tevenue	b 95,326 ventory ► Business Code	71,680	71,680		
	11a b c d	All other revenue Total. Add lines 11a-		assets	4,032	4,032		
	12	Total revenue See II				4 100 197		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organize		

20011	Check if Schedule O contains a respons			ast complete con	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 68,106	34,053	34,053	<u> </u> 0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	3,010,467	2,921,377	89,090	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	, 0	0	0
9	Other employee benefits	129,045	123,884	5,161	0
10	Payroll taxes	265,985	255,346	10,639	0
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	, 9,625	0	9,625	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	4,250			4,250
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20 040	E 441	24 200	0
40	- · · · · · · · · · · · · · · · · · · ·	39,840	5,441	34,399	0
12 13	Advertising and promotion Office expenses	77,937	58,828	19,109	0
14	Information technology	0	0	19,109	0
15	Royalties	0	0	0 .	. 0
16	Occupancy	336,740	321,768	14,972	0
17	Travel	70,262	68,850	1,412	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.0,200	33,333		
19	Conferences, conventions, and meetings	5,931	2,302	3,629	0
20	Interest	38,469	0	38,469	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	79,800	71,820	7,980	. 0
23	Insurance	79,798	45,485	34,313	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Licenses and permits	415	0	415	
b	Program expenses	2,668	2,668	0	0
C	Recruitment	3,061	0	3,061	0
d	Bad debt	305	0	305	0
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,222,704	3,911,822	306,632	4,250
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				
					Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response of	r note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			34,634	1	156,494
	2	Savings and temporary cash investments			512	2	512
	3	Pledges and grants receivable, net			2,827	3	0
	4	Accounts receivable, net		ļ	613,044	4	422,044
	5	Loans and other receivables from current and		· ·			
		trustees, key employees, and highest co	omper	sated employees		<u> </u>	<u> </u>
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun	nd cont	nbuting employers and			
ţ		organizations (see instructions) Complete Part II of Sche				6	"
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			6,998	8	13,599
	9	Prepaid expenses and deferred charges			20,689	9	42,172
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	1,998,693			
	b	Less accumulated depreciation	10b	460,773	1,550,085	10c	1,537,920
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line				12	
	13	Investments—program-related See Part IV, line	11	,		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			21,468	15	21,468
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	2,250,257	16	2,194,209
	17	Accounts payable and accrued expenses			12,972	17	24,638
	18	Grants payable				18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities	D = -4 IV	/ of Cohodulo D	 	20	
(0	21	Escrow or custodial account liability Complete i		F		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen					
pili		disqualified persons Complete Part II of Schedu		employees, and		22	
Lia	23	Secured mortgages and notes payable to unrela		ird narties	570,862	23	586,254
	24	Unsecured notes and loans payable to unrelated			5,907	24	7,308
	25	Other liabilities (including federal income tax,		· -	3,30.		1,300
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			589,741	26	618,200
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck here ► 🏻 and			
an	27	Unrestricted net assets			1,658,450	27	1,573,943
Bal	28	Temporarily restricted net assets			2,066	28	2,066
Þ	29	Permanently restricted net assets		[29	
Ful		Organizations that do not follow SFAS 117 (ASC 95	58), ch	eck here ▶ 🔲 and 🏻		1	
٥		complete lines 30 through 34.			<u></u>		
ts	30	Capital stock or trust principal, or current funds		Į		30	
SS	3,1	Paid-in or capital surplus, or land, building, or ed		-		31	
t A	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Ne	33	Total net assets or fund balances		<u> </u>	1,660,516	33	1,576,009
<u>) </u>	34	Total liabilities and net assets/fund balances			2,250,257	34	2,194,209

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	138	,197
2	Total expenses (must equal Part IX, column (A), line 25)	2 ·	4,	222	,704
3	Revenue less expenses Subtract line 2 from line 1	3		(84,	,507
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	660,	,516
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	576,	,009
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plaın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	ed on a			
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis	•			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	plain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	,	· · · · · · · · · · · · · · · · · · ·	For	ո 990	(2018)
					. ,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Transition Services, Inc. 88-0395940 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) 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)) 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) 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 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) 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. d 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 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) (i) Name of supported organization (vi) Amount of (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedu	lle A (Form 990 or 990-EZ) 2018						Page 2
Pårt	Support Schedule for Organiza (Complete only if you checked the Part III If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	quality unde	the tests is	sted below, p	lease comple	ele Fait III)	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/ (f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 2011	(3) 20 10	(0) 2010	(4) 2011		(1)
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				/		
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		`				<u> </u>
	on B. Total Support			/ / / / /	1 1 2 2 4 7		(n = 1)
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	,(c) 2016	(d) 2017	(e) 2018	(f) Total
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 12	Total support . Add lines 7 through 10 Gross receipts from related activities, etc	. /				12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	n, or fifth tax y	eàr as a sectio	on 501(c)(3)
Socti	organization, check this box and stop her	.,'	^			$\overline{}$	
14	on C. Computation of Public Suppor Public support percentage for 2018 (line/6			1 column (f)		14	%
15	Public support percentage from 2017 Sch		•	i, coluiiii (i)		15	
16a	331/3% support test—2018. If the organi			k on line 13, ai	nd line 14 is 33	3 ¹ /3% or more,	
	box and stop here. The organization qual	lifies as a publ	icly supported	organization		\	▶ □
b	33 ¹ / ₃ % support test—2017. If the organization					is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
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	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop∖here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	, –
	7				Sch	nedule A (Form 99	0 or 990-EZ) 2018

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)

	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	217,892	25,212	58,188	33,757	36,938	371,987
2	sold or services performed, or facilities	İ					
	furnished in any activity that is related to the	2 665 051	2 041 242	1 001 353	1 070 363	1 106 130	19,876,247
3	organization's tax-exempt purpose Gross receipts from activities that are not an	3,003,031	3,041,242	4,094,333	4,070,303	4,190,490	13,070,247
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to	ļ					
	or expended on its behalf		<u></u>				
5	The value of services or facilities						
	furnished by a governmental unit to the						
^	organization without charge	2 002 742	2 066 454	4 150 541	4 112 120	4 222 276	20,248,234
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	3,883,743	3,866,454	4,152,541	4,112,120	4,233,376	20,248,234
7 4	received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sacti	line 6) on B. Total Support		<u> </u>				20,248,234
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						20,248,234
-	Gross income from interest, dividends,	3,003,743	3,000,131	1,132,311	1,112,120	1,233,310	10,210,231
	payments received on securities loans, rents,						
	royalties, and income from similar sources	1,294	0	0	0	0	1,294
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						1 001
	Add lines 10a and 10b Net income from unrelated business	1,294	0	0	0	0	1,294
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						iii
12	Other income Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI) .				7,264	4,032	11,296
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)		·'- 64	al Abrial Corrects	645 tour		20,260,824
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	is ilist, secon	a, mira, iourni	, or milli tax ye	ear as a section	iii 501(c)(5) ► □
Section	on C. Computation of Public Support		<u></u>				· · ·
15	Public support percentage for 2018 (line			13, column (f))		15	99.94%
16	Public support percentage from 2017 Sci		•			16	99.95 %
Section	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2018 ((line 10c, colun	nn (f), divided b	by line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box	· ·	-				
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	•	_	•	, ,	-	=
<u></u>	ate realisation. If the organization th	is not oncor a	200 OIL III IC 14	,,, (ALLOCK THIS DUX	and over mond	<u>-</u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 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)

Secti	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
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 Part VI what controls the organization put in place to ensure such use	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	_	
Ь	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		
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 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	_	
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 Part VI.	9c	_	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	IVA		
J	determine whether the organization had excess business holdings)	10b	 -	

Part	V 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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ŀ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			l
•	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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 VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
C = =4:		2		
Section	on C. Type II Supporting Organizations		V	NI-
			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			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		
Sooti	on D. All Type III Supporting Organizations	1		
Secu	on D. All Type III Supporting Organizations	-	Yes	No
4	Did the experimentary provide to each of its supported experimentary, by the last day of the fifth month of the		res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the 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			
	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	•		
4	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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	_		i
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s)
а	☐ 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			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ın	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
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			
_	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	. <u>.</u>	
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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III supporti	ng organization (see
instructions)			

Pàrt	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6	<u> </u>		
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			
	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	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	Applied to 2018 distributable amount			
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			0
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c	0		
8	Breakdown of line 7			
a	Excess from 2014			-
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017		:	
e	Excess from 2018		<u> </u>	

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)
Part III, Section B. Total Support, line 12-Other income:
The organization had a gain on disposal of fixed assets amounting to \$4,032.
······································
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·

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Go to www.ir.			Attach to Form 990. orm990 for instructions and the latest information.			Open to Public Inspection		
	of the organization	<u> </u>			er ider	tificati	on number	
	•	vices, Inc.		88-03				
Par			vised Funds or Other Similar Fun				· - · · · · · · · · · · · · · · · · · ·	
ı aı			'Yes" on Form 990, Part IV, line 6	uo 0.	,,,,,,	, ac	•	
	Compi	ote ii tile organization anowered	(a) Donor advised funds		(b) F	inds an	d other accounts	
1	Total number	at end of year .						
2		ue of contributions to (during year)					·	
3		ue of grants from (during year)					- .	
4		ue at end of year					<u> </u>	
5		•	advisors in writing that the assets he	eld in o	donor	advis	sed	
	funds are the	organization's property, subject to th	e organization's exclusive legal contro	17			☐ Yes ☐ No	
6	Did the organ	ization inform all grantees, donors, a	and donor advisors in writing that gran	nt fund:	s can	be us	sed	
			fit of the donor or donor advisor, or fo	or any	other	purpo	ose	
		permissible private benefit?					☐ Yes ☐ No	
Par		rvation Easements.						
			'Yes" on Form 990, Part IV, line 7					
1		conservation easements held by the	-					
		• • • •	tion or education)					
	_	of natural habitat	☐ Preservation of	а сеп	itied n	istorio	cstructure	
2		on of open space	eld a qualified conservation contribution	n in th	a form	ofa	conservation	
2	•	the last day of the tax year	eld a quaimed conservation contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			t the End of the Tax Year	
2		of conservation easements			2a		- Total Control Tax Total	
a b		restricted by conservation easement	e		2b			
c	_	nservation easements on a certified h			2c			
d			(c) acquired after 7/25/06, and not	on a				
-		ure listed in the National Register	,		2d			
3		nservation easements modified, trans	sferred, released, extinguished, or tern	nınated		ne org	anization during the	
	tax year ►		mention accompant to located •					
4 5		ates where property subject to conse	garding the periodic monitoring, insp	nection	 har	dlina	of	
3		d enforcement of the conservation ea			i, ilai	idilig	☐ Yes ☐ No	
6	Staff and volun	teer hours devoted to monitoring, inspe-	cting, handling of violations, and enforcing	g conse	rvatio	n ease	ments during the year	
	>							
7	•	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	consen	ation	easen	nents dunng the year	
8	►\$		2(d) above satisfy the requirements of	cection	170	ጌ \/ <i>ል</i> \/E	21/61	
0	and section 17	•	• •		1 170	,,,,,,,,	Yes ☐ No	
9			conservation easements in its revenue					
			of the footnote to the organization's fin-	ancial:	staten	nents	that describes the	
		accounting for conservation easeme		041	0:	•1 •		
Part			s of Art, Historical Treasures, or 'Yes" on Form 990, Part IV, line 8	Otner	Sim	iiar A	Assets.	
1a	If the organiza	ation elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenu	ue sta	temer	nt and balance shee	
			assets held for public exhibition, ed					
	public service	, provide, in Part XIII, the text of the f	ootnote to its financial statements that	t descr	ıbes t	hese i	tems	
b			FAS 116 (ASC 958), to report in its					
			assets held for public exhibition, ed	lucatioi	n, or	resea	rch in furtherance o	
	-	, provide the following amounts relat	ing to these items					
	• •	ncluded on Form 990, Part VIII, line 1	•		.)	> \$_		
_		uded in Form 990, Part X			,)	▶ \$_		
2			historical treasures, or other similar		s for	rınanc	iai gain, provide the	
_			FAS 116 (ASC 958) relating to these it	CIIIS		_ ^		
а	Revenue inclu	ided on Form 990. Part VIII. line 1			,	► \$		

b Assets included in Form 990, Part X

Schedule D (F	orm 990) 2018		Page 2
Part III	Organizations Maintaining	Collections of Art, Historical	Treasures, or Other Similar Assets (continued)

Part III

3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and o	ther reco	ords, che	ck any of th	ne follov	ving that are a si	gnificant u	se of its
а	☐ Public exhibition		d	☐ Loa	n or exchan	ge prog	rams		
b	☐ Scholarly research		е	☐ Othe	er	_			
C	☐ Preservation for future generations								
4	Provide a description of the organizati XIII	on's collections	and expl	aın how	they further	the org	anızatıon's exem	pt purpose	n Part
5	During the year, did the organization sassets to be sold to raise funds rather							r □ Yes	□ No
Part									
	Complete if the organization 990, Part X, line 21								orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner interr	mediary 1	for contribu	tions or	other assets no	t 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	ollowing	table		1	nount	
	5					4-		nount	
C	Beginning balance	•				1c	-	 	
d	Additions during the year Distributions during the year		•			1d 1e			
e f	Ending balance .					1f			
2a	Did the organization include an amount	t on Form 990 P	art X line	e 21 for	escrow or c		_1	? ☐ Yes	□No
b	If "Yes," explain the arrangement in Pa								
	V Endowment Funds.	· · · · · · · · · · · · · · · · · · ·				<u> </u>			
	Complete if the organization	answered "Yes	on Fo	rm 990,	Part IV, line	e 10			
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance						-	<u> </u>	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			<u> </u>					
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	e current year er	nd baland	ce (line 1	g, column (a	a)) held a	as		
а	Board designated or quasi-endowment	! ▶	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
2.	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			ration th	at are hold	and ad	ministered for the	_	
3a	organization by	possession or a	ne organ	ızatıorı tr	ial are rielu	and ad	illilistered for the	Ye	s No
	(i) unrelated organizations							3a(i)	3 110
	(ii) related organizations .							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations.	nanizations listed	Las regu	ired on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses						·	1	
Part									
	Complete if the organization	answered "Yes	on Fo	rm 990,	Part IV, line	e 11a :	See Form 990,	Part X, line	e 10
	Description of property	(a) Cost or o (investm		1 ' '	or other basis other)		Accumulated epreciation	(d) Book va	alue
1a	Land				110,000			11	.0,000
b	Buildings			1,	002,400		106,470	89	5,930
C	Leasehold improvements				553,036		150,805		2,231
d	Equipment .				86,096		64,238		1,858
е	Other			<u> </u>	247,161	<u> </u>	139,260		7,901
Total.	Add lines 1a through 1e (Column (d) m	ust equal Form 9	90, Part	X, colu <u>m</u>	n (B), line 1	0c)	•	1,53	7,920

Part VII	Investments—Other Securitie Complete if the organization an		m 000 Part IV lin	e 11h See Form	990 Part X line 12
			T		
	(a) Description of security or categ (including name of security)	ory 	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives .				
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	·			
Part VIII	Investments—Program Relate				
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, lin	e 11c See Form	990, Part X, line 13
	(a) Description of investment		(b) Book value		hod of valuation of-year market value
(1)					
(2)					
(3)			-		<u> </u>
					
(4)			-		
(5)					
(6)					
(7)					
(8)					
	b) must equal Form 990, Part X, col (B) line 13)	·			
Part IX	Other Assets.	···		<u> </u>	
	Complete if the organization an	swered "Yes" on For	m 990. Part IV. lin	e 11d See Form	990, Part X, line 15
		(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)					
(2)			<u> </u>		
(3)					
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)		····		<u>.</u>	
(6)					
(7)	·				-
(8)		<u>. </u>	_		
(9)					
	mn (b) must equal Form 990, Part X,	col (B) line 15)		•	
Part X	Other Liabilities.	(=)			
r ure x	Complete if the organization an	swered "Yes" on For	m 990 Part IV lin	e 11e or 11f. See	Form 990 Part X
	line 25	3WC1CG 1CG 011101	111 000, 1 dit 14, 1111	0 1 10 01 111 000	, , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value			·
(1) Federal in		(5) 55512.55			
(2)	Notific taxes				
(3)					
		-			
(4)		 			
(5)		_ · · · · · · · · · · · · · · · · · · ·			
(6)					
(7)					
(8)					
(8)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶			-	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 25) Fruncertain tax positions In Part XIII, prositions und	vide the text of the footn			

Pari	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statemen	•	. 1	4,138,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			· · · · · · · · · · · · · · · · · · ·
a	Net unrealized gains (losses) on investments .	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	C
3	Subtract line 2e from line 1 .		3	4,138,197
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			, _
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	•	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5	4,138,197
Part				ì.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12	а	
1	Total expenses and losses per audited financial statements		1	4,222,704
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d .		2e	0
3	Subtract line 2e from line 1		3	4,222,704
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b .	:	4c	0
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I XIII Supplemental Information.	l, line 18) .	5	4,222,704
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1at XI, lines 2d and 4b Also complete this p			
		······		
				
	······	·		
				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

88-0395940 Transition Services, Inc. Part V, line 3a: The Organization did not have any unrelated business. Thus, we are not required to file a Form 990-T. Part VI, Section B, line 11: The Form 990 is reviewed and signed by the Executive Director and reviewed by the President before it is filed. The Form 990 is available for public inspection upon request. Part VI, Section B, line 12: The Organization has all directors, officers and employees sign a conflict of interest statement and this is reviewed when there are major changes to ensure that no currrent conflict of interest exists. Part VI, Section B, line 15: All officers and board members are nominated and elected by the previous existing board. The Executive Direcotr's wages are determined by the Board of Directors. Part VI, Section C, line 19: The Organization's governing documents, conflict of interest policy, and financial statements are available for public inspection upon request.