	ш	15	Printing, publications, postage, and shipping	g:	•
n O .		16	Other expenses (describe in Schedule O)	- } - { - •	•
<b>"</b>		· 17	Total expenses. Add lines 10 through 16		٠,
	Ċ	·18	Excess or (deficit) for the year (Subtract line	17 fror	ŋŢlir
ANNED	Asset	,19	Net assets or fund balances at beginning of end-of-year figure reported on prior year's r		(frc
Ö	et.	20	Other changes in net assets or fund balance	s (expl	ain`
$\triangleright$	z	21	Net assets of fund balances at end of year:		
APR	For	Paper	work Reduction Act Notice, see the separate in	structio	nš.
င္မာ					
0				•	
2				i	
2021				•	•

				Short Form	•		. [	OMB No. 1545-1150	
Form	, <b>9</b> 9	10-EZ	Return of Organ	nization Exempt	From Inco	ne Tax		2018	•
-		İ	Under section 501(c), 527, or 4947	7(a)(1) of the Internal Reven	uë Code (except p	rivate founda	tions)		
			► Do not enter social se	curity numbers on this for	n as it mav be ma	ide public.	O	pen to Public	
Dêpa Interr	irtment ó nal Revel	f the Treasury		orm990EZ for instructions	Ş- ' - '		MO	Inspection	
A F	or the	2018 calenda	r year, or tax year beginning	July 01	, 2018, and en	ding	une 30	, 20 19	
Вс	heck if as	opličable:	C Name of organization	~		D Emp	loyer ident	iffication number	00009
_	oddueze c		Penny's Place	N .		• ,	91-1	1852839) 91-15	82839
_	Name cha	A-11	Number and street (or P.O. box, if mail.	is not delivered to street address	) Room/	suite E Tele	mun, ercork	ber .	
=	Üliğəj Letin	m n/terminated	P.O. Box 55903	· · · · · · · · · · · · · · · · · · ·			206-3	363-9601	
	Amended		City or town, state or province; country	, and ZIP or foreign postal code:		F Gro	up Exemp	otion	
, <u> </u>	oplicatio	n pending	Shoreline, WA:98155	1			nber 🕨	<u> </u>	
	~ ~ ~	ting Method:	Cash Accrual Other (	specify) ►				né organization is not	
	Vébsite					- 1		n Schedule B	y .
			ck only one) — (2 501(c)(3)		947(a)(1) or 🔲52	27. (Form)	90, 990-E	Z, or 990-PF).	
			Côrporation Trust		Other				ra waar tada ta
			to to line 9 to determine gross rece 500,000 or more, file Form 990 inst		nn'nnn as iune' si	i i rotal asseta	182		
	art I	, , , , ,	e, Expenses, and Changes	a the second of	I Palandos (sa	o tha inata	stions f	55,386	
	ai t		the organization used Schedu						ā:
, <del></del>	1		ns, gifts, grants, and similar am		dresuon'in ans	ranı,	1		F ,
	2		ervice revenue including govern			te ça çar av	2	49,466	1.
	3		p dues and assessments			. /2/ -2- 32	3	·5,920 0	ı
	4	Investment					4	0	
	5a		unt from sale of assets other th	an inventory	5ä	ĭ.	1000		,
	ь		or other basis and sales expens	,	5b	<del>`</del>	1		
	c		s) from sale of assets other tha				5c	,	
	6	Gaming an	d fundraising events:	i haven harman	1		-		
	а		ome from gaming (attach So	chedule G if greater th	ạn 🧘 👢	, ,		,	
3	i	\$15,000) .		_0   0, 0, 0, 10   0   0   0   0   0   0   0   0   0	6a	. Ò		•	
Revenue	þ		me from fundraising events (not		0 of contri	butions	1 1	·	
8			aising events reported on line.				ا سه رې ا		
1			h gross income and contributio		6b	Ŏ			
		Less: direct	expenses from gaming and ful	ndraising events	6c	0			
	d		or (loss) from gaming and fu	indraising events (add lin	es 6a and 6b a	nd subtract			
	<b>.</b>	line 6c)		• • • • • • • • •	sayer of a c		6d	O	
•			stof inventory, less returns and		7a	0	t		
,	þ,	Less: cost	of goods sold t or (loss) from sales of inventoi		7b ]		Aller To Kernelle	15	
4		Othor role	nue (describe in Schedule 0) .				7c	0	
,	8		nue. Add lines:1, 2, 3, 4, 5c; 6d,	. ∳			8	·Ó.	t
<del>! 7:</del>	10		similar amounts paid (list in Sc		<del> </del>	· · · · ·	10	55,386	
	11		. 6	inication O)		• • • • • • • • • • • • • • • • • • • •	11	.0;	
(g	12	Calarian of	har caminariation final amalas	no honosim   P	ECEIVED	7	12.	2,480	
Expenses	13	Profession	ner compensation and compensation in the compe	ndependent contractors			13	25,562	
Det	14	Occupancy	rent, utilities and maintenanc	e	11 C 6 2000	IOI	14	2,683	
M (	15	Printing Du	iblications, postage, and shippi	ing 5	JN 2 6 2020	S-0-8	15	15,980 0	•
	16		nses (describe in Schedule O)			_]≌[	16	21,490	
	17		nses. Add lines 10 through 16		GDEN UT		17.	168,195	-
, čņ	·18	Excess or (	deficit) for the year (Subtract lin	ne 17 from line 9)			18	-12,809	-
set	19	Net assets	or fund balances at beginning	of year (from line 27, co			and the same	12,000	
Net Assets	1	end-of-yea	r figure reported on prior year's	return)		• 1• •	19	200,884	
et	20		ges in net assets or fund baland				20		
Z	21	Net assets	or fund balances at end of year	r: Combine lines 18 fbroud	nh 20°	<b>.</b>	21	199.075	

Cat. No. 106421

Fórm 990-EZ (2018)

Par					, , , , , , , , , , , , , , , , , , , ,		
	Check if the organization used Sche	dule	O to respond to ar			i, i, i e	. 🗸
•		ĺ			A) Beginning of year	(B) End of y	year
22	Cash, sayings, and investments			· · · · · · · · · · · · · · · · · · ·	2,410 2		1,825
23	Land and büildings 💀			· · · · · · · · · · · · · · · · · · ·	199,853 2	3	186,250
24.					0 2		. 0
25	Total assets				202,263 2		188,075
26	Total liabilities (describe in Schedule O)			. 3	1,379 2		<u>, `o</u> ´
27	Net assets or fund balances (line 27 of co				200,884 2	<u>7†                                    </u>	188,075
Pan						<b>F</b>	
	Check if the organization used Sche					Expense Required for sec	-
•	t is the organization's primary exempt purpos	i-		<del></del>	esuc violence.	01(c)(3) and 50	
Desc	ribe the organization's program service acco	omplis	hments for each o	f its three largest pr	ogram services,	rganizations, o	ptional for
perso	neasured by expenses, in a clear and conci ons benefited, and other relevant information	fôr ea	ch program title.		the number of	itheie')	
28	Overnight, emergency and long-term transition	al hou	sing for survivors of	domestic abuse.		1 17	
		<u> </u>	A F				42-
, –	الرائية في أو المرائية br>المرائية في أو المرائية المرا					Ì	
_	(Grants \$): If this are	ount	includes foreign gra	ınts, check here	· · · 🕨 🖸 🏅	8a	68,195
29				<del>;=</del> }- <u>;</u> ; <del>;</del> ;;;;;;		1	_
	**************************************	********				[	-
	(Grants \$ ) If this arm						,
يمر	(Grants \$ ) If this arr	iount	ncludes foreign gra	ints, check here		9a	<del></del>
30	ىرىدىن ئېرى ئالىقىدى ئالىدىدى ئالىدىدى ئالىدى ئ			,-: <u>;</u> 1,-:		,	
	ويتام والمراب والمراب والمرابع			.,:		- 1	
	**************************************	<u></u>					
				ints, check here .		10a	<del></del>
31	Other program services (describe in Schedul	e O)		. '.'		{	
~~	(Grants \$ ) If this arr	nount	includes foreign gra	ánts, check hère :		31a	
32	Total program service expenses (add lines					32	68,195
Day	t IV		12	تركيب مناح فالمسام والمساء والمساء		A	D
Par	List of Officers, Directors, Trustees, an					trucțions for,	Part IV)
Par	List of Officers, Directors, Trustees, an Check if the organization used Sche		O to respond to a	ny question in this I	Pärt IV	trucţions(for)	Paint IV)
Par	Check if the organization used Sche			ny question in this i	Part IV	(e) Estimated	amount of
Par			O to respond to a	ny question in this I	Part IV		amount of
	Check if the organization used Scho		O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV. (d) Health benefits, contributions to employed benefit plans; and	(e) Estimated	amount of
Dick	Check if the organization used School (a) Name and title:  Mercier		O to respond to a	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (If not paid, enter -0-)	Part IV. (d) Health benefits, contributions to employed benefit plans; and	(e) Estimated	amount of
Dick Pres	Check if the organization used School (a) Name and title:  Mercier ident		O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV. (d) Health benefits, contributions to employed benefit plans; and	(e) Estimated	amount of
Dick Pres	Check if the organization used School (a) Name and title; Mercier ident ey Krueger		O to respond to a (b) Average hours per week devoted to position	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits; contributions to employee benefit plans; and deferred compensation	(e) Estimated	amount of
Dick Pres Jeffre Vice	Check if the organization used School (a) Name and title:  Mercier ident ey Krueger.  President		O to respond to a	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (If not paid, enter -0-)	Part IV. (d) Health benefits, contributions to employed benefit plans; and	(e) Estimated	amount of
Dick Pres Jeffr Vice Peter	Check if the organization used School (a) Name and title:  Mercier ident ey Krueger.  President: r O'Leary		O to respond to a (b) Average hours per week devoted to position	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits; contributions to employee benefit plans; and deferred compensation	(e) Estimated	amount of ensation
Dick Pres Jeffre Vice Peter Trea	Check if the organization used School		O to respond to a (b) Average hours per week devoted to position	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0.)	Pärt IV  (d) Health benefits, contributions to employed banefit plans; and deferred compensation	(e) Estimated	amount of
Dick Pres Jeffr Vice Peter Trea Nanc	Check if the organization used School (a) Name and title:  Mercier ident ey Krueger.  President: r O'Leary		O to respond to a (b) Average hours per week devoted to position	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0.)	Pärt IV  (d) Health benefits, contributions to employed banefit plans; and deferred compensation	(e) Estimated	amount of ensation
Dick Pres Jeffr Vice Peter Trea Nanc	Check if the organization used School (a) Name and title.  Mercier ident ey Krueger.  President: r O'Leary surer cy Murphy.		O to respond to a  (b) Average hours per week devoted to position  2:	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter "0,)	Pärt IV  (d) Health benefits, contributions to employed banefit plans; and deferred compensation	(e) Estimated	amount of ensation
Dick Pres Jeffrr Vice Peter Trea Nanc Exec	Check if the organization used Sche  (a) Name and title;  Mercier ident ey Krueger President r O'Leary surer ey Murphy		O to respond to a  (b) Average hours per week devoted to position  2:	ny question in this i (c) Reportable compensation (Forms W-21098-MISC) (If not paid, enter -0-)	Pärt IV  (d) Health benefits, contributions to employed banefit plans; and deferred compensation	(e) Estimated	amount of ensation
Dick Pres Jeffrr Vice Peter Trea Nanc Exec	Check if the organization used Sche  (a) Name and title;  Mercier ident ey Krueger, President: r O'Leary surer ey Murphy cutive Director ecca Jonassen		O to respond to a  (b) Average hours per week devoted to position  2.  2.  2.  2.  2.  2.  2.  2.  2.  2	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0.)	Pärt IV  (d) Health benefits; contributions to employee benefit plans; and deferred compensation  0	(e) Estimated	amount of ensation
Dick Pres Jeffre Vice Peter Trea Nanc Exec Rebe	Check if the organization used Sche  (a) Name and title:  Mercier ident ey Krueger President r O'Leary surer cy Murphy cutive Director ecca Jonassen		O to respond to a  (b) Average hours per week devoted to position  2.  2.  2.  2.  2.  2.  2.  2.  2.  2	ny question in this i (c) Reportable compensation (Forms W-21098-MISC) (If not paid, enter -0-)	Pärt IV  (d) Health benefits; contributions to employee benefit plans; and deferred compensation  0	(e) Estimated	amount of ensation
Dick Press Jeffr Vice Peter Trea Nanc Exec Ofa.	Check if the organization used Sche  (a) Name and title:  Mercier ident ey Krueger President r O'Leary surer cy Murphy cutive Director ecca Jonassen		O to respond to a  (b) Average hours per week devoted to position  2  2  20  40	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (thirt pald, enter -0-)	Pärt IV  (d) Health benefits; contributions to employee benefit plans; and deferred compensation  0	(e) Estimated	amount of ensation
Dick Press Jeffr Vice Peter Trea Nanc Exec Ofa.	Check if the organization used Sche  (a) Name and title:  Mercier ident ey Krueger President r O'Leary surer cy Murphy cutive Director ecca Jonassen cutive Director Vea ager nie Brann		O to respond to a  (b) Average hours per week devoted to position  2  2  20  40	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (thirt pald, enter -0-)	Pärt IV  (d) Health benefits; contributions to employee benefit plans; and deferred compensation  0	(e) Estimated	amount of ensation
Dick Pres Jeffr Vice Peter Name Exec Rebe Exec Ofa Man Boni	Check if the organization used Sche  (a) Name and title:  Mercier ident ey Krueger President r O'Leary surer cy Murphy cutive Director ecca Jonassen cutive Director Vea ager nie Brann		O to respond to a (b) Average hours per week devoted to position  2. 2. 2. 40.	ny question in this i (c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated	amount of ensation
Dick Pres Jeffr Vice Peter Name Exec Rebe Exec Ofa Man Boni	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a (b) Average hours per week devoted to position  2. 2. 2. 40.	ny question in this i (c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of ensation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Boni Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of ensation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of ensation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-21099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of ensation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of ensation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-2/1098-MISC) (thirt pald, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of brigation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of brigation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of brigation
Dick Pres Jeffr Vice Pete Trea Nanc Exec Rebo Man Bon Dire Alma	Check if the organization used Sche  (a) Name and title  Mercier ident ey Krueger President r O'Leary surer ey Murphy sutive Director ecca Jonassen cutive Director Vea ager nie Brann ctor a Davenport		O to respond to a  (b) Average hours per week devoted to position  2:  2- 20 40 40	ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employee benefit plans; and deferred compensation  0	(e) Estimated other compe	amount of brigation

Part	uner information (Note the Schedule A and personal penent contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			·
	and a solution of the solution of the solution in the	· · ·	Yes	No
:33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1,63	. V
34	Were any significant changes made to the organizing of governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		<u></u>
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	· V
, ,	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	: ·	1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Į.
36₁	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	,	Ì
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	200	1	مان المان
	Did the organization file Form 1120-POL for this year? .  Did the organization porrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b	\$ V.	- V
4	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	,	1
= 2 "	If "Yes;" complete Schedule: L., Part II and enter the total amount involved		,	
39,	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1760	n > 10 - 10	
a b	Gross receipts, included on line 9, for public use of club facilities		, , ,	دود چا نا
40 <u>á</u>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	777 74.	14.1 14.1	د ٍ , ^ ر
ь	Section: 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	11 L	7 . p	
	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	405	ini k <del>om</del> risi	j
C	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		يک د نشي	
ĥ	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	, , . , . , . , . , . , . , . , . ,	, , , , , , , , , , , , , , , , , , ,	
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	*** ( . ) *		3 -
ĕ	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	niemenia.	Ī
41	List the states with which a coppy of this return is filed			
42a		06-65	0-188	2-
_	Located at ► 556 NE 125th St., Seattle, WA ZIP + 4 ►	98	25	
Þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other authority over a financial account, or other financial account)?	405	Yes	No
	If "Yes," enter the name of the foreign country	42b		₹.
-	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	74 7		ai i Pera Si
°C	Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?	42c	المستحصدة	1
43	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.	•	٠.	
49	and eight the amount of tax-exempt interest received of accured drups the rax hear interest i	• •	. । जिल्हा	<b>▶</b> □
.44a	Did the forganization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
Þ	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	- I see see see	Variation of
ÿ č	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	we paya	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	1
þ	Did the organization receive any payment from of engage in any transaction with a controlled entity within the meaning of section 512(h)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	49a	equel h	
	Form 990-EZ, See instructions	45b		1

46	Did t	he organization engage, directly or in	ndirectly, in politi	cal campa	ion activities on	behalf of	or in opposi	tion	Yes	No
	'tố cầ	ndidates for public office? If "Yes," o	complete Schedu	le C, Part,	i a a a a a a a a a a a a a a a a a a a	:	t to t	46	المشتشر	7
Part	VI,	Section 501(c)(3) Organization		1 10	- <del></del>					
		All section 501(c)(3) organization	s must answer	question	s 47-49b and	52, and c	omplete th	e tables	for lin	es
		50 and 51. Check if the organization used Sci	nodvila O to rost	تتناسله لمحمد	أو ماأتمونقوميَّة، أ	Na Par <del>à</del> 37	.'' Î			
	<del>- 7.1.</del> .	Check in the organization used Sci	ledule O to rest	Jonu to ai	ry questionin u	nis Part V		· · ·	Yes	No
47	Did t	the organization enigage in lobbying	activities or hav	e a sectio	n 501(h), electio	n in effec	during the	tax	163	140
	year	? If "Yes," complete Schedule C, Par	till	-	· 3 · 4 · 4 · 4	:	"	. 47		1
48	is the	organization a school as described i	) section 170(b)(1	)(A)(ii)?; If:"	Yes," complete	Schedülê E		. 48	1	1
49a		fie organization make any transfers t			related organiz	gation?		. 49a	١	1
ĘĎ.	If "Ye	es; " was the related organization a se	ction 527 organ	zation?			a Barta Ameria	496		<u> </u>
50	emni	plete this table for the organization's loves) who each received more than	Tive nignest con	ipensated	employees (orn	er than of	ilicers, directi there is non	ors, truste 6. enter "I	es, ar	io kej
	- Citipi	is years, with sugar received more than			<del></del>		th benefits,	e, ciliei · i	10116.	<del>`</del>
	(a)	Name and title of each employee	(b) Average hours per week devoted to positi	:	(c) Reportable ; compensation ; is W-2/1099-MISC)	benefit plan	es to employee s, and deferred ensation			
				<del>-  </del> -	<del></del>	<u> </u>		<del></del>		
	<del></del>	<del></del>	<u> </u>	₹*		<del> </del>				
	3		1 (3.6							•
		-			**					
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<u> </u>	-277-		,	1		Į.			•	
<del></del>	- 10	),000 of compensation from the organical Name and business address of each independ			(b) Type of serv	ilce.	(ç	) Compensa	tion	
						1777		<del></del>		
				<del>-  </del>	<del>*******</del>			·		
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					\$	٠.			•	
		and a state of the		7 - 7	<del>(= ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</del>	<u>-,</u> -	+	<del></del>	-	
				4-5-2-	Ţ.	~	. ,	•		
đ		I number of other independent contra				<b>&gt;</b>	u. v	Ö		
<b>52</b> .	Did	the organization complete Schedu		Il section	501(c)(3) orga	nizátions	must attac		_	
	<u> </u>		** ** ***	· [ 1]				<b>▶</b>		<u>No</u>
true, co	penalue prect, a	s of perlury, I declare that I have examined this nd complete Declaration of preparer (other that	i officer) is based on	impanying so all'informatio	n of which preparer i	ents, and to t has any knov	he best at my k vledge.	nowledge ar	iq peliel	it is
<del></del>	7	1. Donus hole			- 3	777	Alma (	6.202	0	<del></del>
Sign		Signature of difficer ((')				0	atte		<del></del>	,
Here	1	Nancy Murphy, Executive Director	<del>'</del>			<del></del>	, 			
<del></del>		Type or print name and title	Propagata elegant		· · · · · · · · · · · · · · · · · · ·	463		· · ·		
Paid		Print/Type preparer's name	Preparer s signatu	u <del>u</del>	إِلَّاقِ	ate <sup>3</sup>	Check			
	oarer		<del></del>	<del></del>	<del></del>	ı,	self-emplo	yyan .		
	Only	Firm's address >		<del></del>	·		imi's EIN ▶ _	<del>-;;:</del> -		<del>,</del>
May t	he iRS	S discuss this return with the prepare	r shown above?	See instru	ctions	<del></del>		► ☐ Ye	s. 🖺	No
			1					Form 9		

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

# Public Charity Status and Public Support

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

·OMB·No·1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information: Inspection Name of the organization Employer Identification number Penny's Place 91-1582839 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12; check only one box.) 1 [] A church, convention of churches, of association of churches described in section 170(b)(1)(A)(1). 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'll!) A federal, state, or local 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 III) 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 An organization mar normally receives: (1) more than 33/a/s, or its support from continuous, membership less, and groreceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/a/s, 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): 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 L.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 Tunctionally 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. Týpe III non-functionally integrated. A súpporting organization operated in connection with its súpported organization(s) ď 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 I, 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 (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 in your governing Support Isee other support (see above (sée instructions)) Instructions) instructions) Yes. : No (Ä) **(8)** (C), (D)

(E) Total

Schedu	A (Form 880 or 889-EZ)-2018						Page 2
Part		tions Descri	bed in Secti	ons 170(b)(1	\(A\(iv) and 1	70(b)(1)(A)(v	
	(Complete only if you checked th						
	Part III. If the organization fails to						•
Secti	ion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
*2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
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,						
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	=	•	`		12	
13	First five years. If the Form 990 is for the organization, check this box and stop he tion. C. Computation of Public Supports.	ere	<u> </u>	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) · · · ► □
14	Public support percentage for 2018 (line			11 column (6)	<del>-/</del>	144	
15	Public support percentage for 2016 (line Public support percentage from 2017 Sc		-	, column (f))	. /	15	<u>%</u>
16a		ization did not	check the bo		nd line 14 is 3		
Ð	331/a% support test—2017. If the organithis box and stop here. The organization				•	is 331/3% or n	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Rart Whow the organization meets the organization	eets the "facts	-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
b	15 is 10% or more, and if the organization is Explain in Part VI how the organization supported organization	ation meets the meets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies a	stop here. s a publicly
18	<b>Private foundation.</b> If the organization dinstructions						lsee ►□

<b>.</b> . ^ ~	na professional and provide div	3 { }					2.5
Schedul Part	e A (Form 990 or 990-EZ) 2018 Support Schedule for Organiza	tions Descri	hệd in Socti	no 509(a)(2)	<del></del>		Page 3
i di c	(Complete only if you checked th				ization failed	to qualify und	der Pärt II
	If the organization fails to qualify	under the tes	its listed belo	w. please co	mplete Part I	i) :	gori qitin.
Section	on A. Public Support	- (		1		<del></del>	<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees			, ,	2000		
,_	received (Do not include any "unusual grants.")	131,873	16,678	22,174	46,553	49,466	166,744
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	A COLUMN		34-	,	. "	
	furnished in any activity that is related to the	. [				Į.	,
	organization's tax-exempt purpose	. 0	3,440	14,320	5,205	5,920	28,885
3	Gross receipts from activities that are not an	į ,	1				*-
	unifelated trade of business under section 513	( 0	<u> </u>	Ô		o	<u> 0</u>
4	Tax revenues levied for the	}	i	}		, ,	
	organization's benefit and either paid to	·			į		
22	or expended on its behalf		. 0	0		<u></u>	<u>.</u>
<b>5</b>	The value of services or facilities furnished by a governmental unit to the	8		•			
	organization without charge:		,	; [	_		_
·e·	Total. Add lines 1 through 5.	31,873	0,	.0		53.00	0
-⁄6' 7a√	Amounts included on lines 1, 2, and 3	31,8/3	20,118	36,494	51,758	55,386	195,629
(4)	received from disqualified persons .	1		,	`	اء	•
Ĺ	Amounts included on lines 2 and 3	. 0	<del> </del>	0			
b	received from other than disqualified		`	•		Į.	
	persons that exceed the greater of \$5,000			10			
	or 1% of the amount on line 13 for the year		,u	ň	·0	ام	ñ
c	Add lines 7a and 7b:	0	,0	0.	Ó	õ	· · · · · · · · · · · · · · · · · · ·
8	Public support. (Subtract line 7c from	1.517 . 2 1.2	70		- , , , , , ,		· <u>·</u>
-	line 6:)	\$ 7			- 1 1	· · · · · .]	195,629
Secti	on B. Total Support	(***	· · · · · · · · · · · · · · · · · · ·	لج تو م م	·	المستقد مستقدستي	193,029
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Armounts from line 6:	31,873	20,118	36,494	J51,758	55,386	195,629
10a	Gross income from interest, dividends,	1	1	7		474 447	
	payments received on securities loans, rents,			;			
	royalties, and income from similar sources .	j Ö	0	0	<u>, ,                                  </u>	-O	0
þ	Unrelated business taxable income (less	1	-	,			
	section 511 taxes) from businesses	į		· · · · · · · · · · · · · · · · · · ·			
	acquired after June 30, 1975	0	0		Ö	0	<u> </u>
C	Add lines 10a and 10b	Ŏ, ,	0	0	0		<u>ʻo</u>
11	Net income from unrelated business activities not included in line 10b, whether	; ;		ļ		į.	
	or not the business is regularly carried on	· · · · · · · · · · · · · · · · · · ·			á	ا	
12	Other income. Do not include gain or	0	. 0			0	0
	loss from the sale of capital assets			,	j	- 1	
	(Explain in Part VI.)	Õ	0	0	ه	. (0)	. 0
13	Total support. (Add lines 9, 10c, 11,	<del></del>	<u>~</u>	<del>े जूर</del> ी	<del>" · · · · · · · · · · · · · · · · · · ·</del>	9	·
	and 12)	31,873	20,118	36,494	51,758	:55,386	195,629
14	First five years: If the Form:990 is for the	ne organization	's first, secon	d, third, fourth	or fifth tax ye	ar as a section	n 501(c)(3)

2	(31,073) 20,110 30,434 31,736	100,000	( 195,629,
14	First five years: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	ar as a section	501(c)(3)
	organization, check this box and stop here		· , · 🕪 📋
Sect	ion C. Computation of Public Support Percentage		<u> </u>
15.	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)	15:	100 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16:	100 %
Sect	ion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c; column (f), divided by line 13, column (f)	17	0.%
18	Investment/income percentage from 2017 Schedule A; Part III, line 17	18	0.%
19a.		re than 331/3%	, and line
	17 is not more than 331,6%, check this box and stop here. The organization qualifies as a publicly support	ted organizatio	ń , ▶ 🛭
b	33!/2% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16	is more than 33	31/3%, and
	line 18 is not more than 331,3%, check this box and stop here. The organization qualifies as a publicly su	pported organiz	zatióń, 🕨 📋
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box a		
_ <del></del>	The state of the s	., 555-11150 00	

### 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 C. If you checked 12c 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, D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	Ño
Ţ	Are all of the organization's supported organization's 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,	- 13	ST E	
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).	2,	2	- 12 (1 m)
З́а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	ر الماري الماري الماري	أدينا
·Ď;	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 Raft VI when and how the organization made the determination.	3b		14. A
Ĵ,	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	Harpyson	المستعادا
<b>4a</b> ,	Was any supported organization")? If "Yes;" and if you checked 12a or 12b in Partil, answer (b) and (c) below.	4a		:£7
ĝ	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	- 155 - 155 155 155 - 155 -	
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.	40	1	ار از از از از از از ا
.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).	55		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization's organization's organization.	5b	19-5 Sun Sungapy	
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations (ii) individuals that are part of the charitable class benefited by one or or its supported organizations or (iii) other supporting organizations that also supported by one or inore of the filing organizations supported organizations? If "Yes," provide detail in Part VI.	5c	and the same	
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).	-2 ; -2 ; -2 ; -2 ; -2 ;	-24-41	Atom
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		لعسسرده
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		
Ъ	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
Э,	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.	مسكس	artiferencial resident
10a	4943(f) (regarding certain Type II supporting organizations; and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	of the second	4, -
	Did the organization have any excess business holdings in the tax year? (Úse-Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		e de ancid

11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or fogether with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (e) above?  c A 35% controlled entry of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part V In Now the supported organizations entry early organization sativities. If the organization and more than one supported organization, 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.  2 Did the organization operate for the benefit of any supported organization either than the supported organization of the supporting organization.  Section C. Type II Supporting Organizations  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 apported organization's provided organization's and the supporting organization and the supporting organization was vested in the same persons that controlled or managed the supported organization's and the supported organization's and the supported organization's provided organization managed the supporting organization and the organization organization organization organization organization organization organization and the electron organization and the el	Part I	V Supporting Organizations (continued)			
a 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?  b A family member of a person described in (e) above?  c A 35% controlled entity of a person described in (e) above?  c A 35% controlled entity of a person described in (e) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year. If "No," describe in Part VI now the supported organization's directors or trustees at all times during the tax year. If "No," describe how the powers to appoint and/or enough administration and what conditions or restrictions, if any, applied to such powers during the aux year.  c Did the organization of appoint and/or of any supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the thin the providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  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 by the last day of the fifth month of the organization of the supporting organization was vested in the same persons that controlled or managed the susported organization and the supported organization of the organization's powering documents in effect on the date of notification, and (ii) copies of the organization of powers and organization of the organization's powers and organization's provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's supported organization's investment policies and in directi				Yes	No
below, the governing body of a supported organization?  b A family member of a person described in (a) or (b) above?  c A 53% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  116  116  117  118  119  119  110  110  110  110  110					{
b A family member of a person described in (a) above?  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.  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yes" if "No," describe in Part VI how the supported organization's defectively operated, supervised, or controlled the organization and more than one supported organization, describe how the powers to appoint and in emore directors or trustees at all times during the tax yes" if "No," describe how the powers to appoint and in emore directors or trustees at all times during the tax yes," organizations and what conditions or restrictions, if any, applied to such powers during the tax yes," organizations and what conditions or restrictions, if any, applied to such powers during the tax yes, and the organization of the supported organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization organization or trustees of each of the organization org	а				
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see 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	10		
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	Γ		}
emergency temporary reduction (see instructions).	6	<u></u>	<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zauons (continuea)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on 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	ļ		
	instructions.	ļ		
3	Excess distributions carryover, if any, to 2018			
a_	From 2013			·
<u>b</u>	From 2014		·	
C	From 2015		<u> </u>	
<u>d</u>	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<del> </del>		
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			ļ
	Applied to 2018 distributable amount			
<u>c</u>		<del> </del>	<del></del>	
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.	<del> </del>	<del></del>	
6	Remaining underdistributions for 2018. Subtract lines 3h		, i	
	and 4b from line 1. For result greater than zero, explain in	<b>Y</b>		
	Part VI. See instructions.			ļ
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а			,	
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 of 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6; 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, 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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#### 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

2018

Open to Public Inspection
Employer Identification number

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