990-EZ

Department of the Treasury

Short Form

Return of Organization Exempt From Income Tax (

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



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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Website: ► required to attach Schedule B Fax-exempt status (check only one) — \$\infty\$ 501(c)(3)	A	For the	2018 calendar year, or tax year beginning January 1 , 2018, and ending	December	31st , 20	18
Trace-change Tra	В	Check if a	pplicable C Name of organization D	Employer ide	entification number	er
Sto Zane Avenue North, Suite 107 763.533.0500 769 rolem, date or province, country, and ZIP or foreign postal code F Group Exemption Report Park, MIN Sack Care Park Park Park Park Park Park Park Park		Address	- I ficilias of Execut Adademy	1	1-3839685	
Forus fearwarmander	_			Telephone ni	umber	
City or town, state or province, country, and ZiP or foreign postal code F Group Exemption Rendermore	=		6510 Zane Avenue North, Suite 107	76	3.533.0500	
Section pending Birooktiny Park, MM 55429	=		City or town, state or province, country, and ZIP or foreign postal code	Group Exer	mption	
Website: Variation Varia	=		1 1 1	Number •	•	
Website: Value State S	G	Accoun	ting Method ☐ Cash 🔀 Accrual Other (specify) ► H Ch	eck ▶ 🔽 r	f the organization	ıs not
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Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (6)) are \$500,000 or more, file Form 990 instead of Form 990-EZ						
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income 4 Membership dues and assessments. 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses. 5 Gran or floss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 C Garning and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundrasing events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C Contributions of the revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in n	LA	Add line		sets		
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Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 21 Net assets or fund balances at end of year. Combine lines 18 through 20 23 24 26 27 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	, 	1) DECEIVEL !			
14 Occupancy, rent, utilities, and maintenance	1	1		. 		
14 Occupancy, rent, utilities, and maintenance	≥ Se	1	Salaries, other compensation, and employee benefits			
16 Other expenses (describe in Schedule O)	ב ב	1	Professional fees and other payments to independent contraction . MAY 1 4 2013 .	1 		
16 Other expenses (describe in Schedule O)	Ž	1		1 -		
Total expenses. Add lines 10 through 16	ĴШ	1		1		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-4	1	Other expenses (describe in Schedule O)		<u> </u>	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 19 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0	<u>o</u>		Total expenses. Add lines 10 through 16	▶ 17	<u> </u>	0
Other changes in net assets or fund balances (explain in Schedule O)	ts C	1				0
Other changes in net assets or fund balances (explain in Schedule O)	Sin	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	ıth [
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ž					
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 0	Se Se					
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)	> —			▶ 21		0
O $K13$	For	Papen	work Reduction Act Notice, see the separate instructions.		Form 990-EZ	(2018)
	1	\sim			613	

MAY 1 6 2019 RECEIVED ENTITY DEPT

r en	t II Balançe Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	0
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets				25	
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	0
Part						5
	Check if the organization used Schedule				(Regi	Expenses uired for section
What	t is the organization's primary exempt purpose?	Created several year	s ago for a potential	building purchas		c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of	orgar other	nizations, optional for s)
28						
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	🕨 🗌	28a	
29		-				-
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29a	
30						
		includes foreign gra		<u> ▶ □</u>	<u>30a</u>	
31	Other program services (describe in Schedule O)					
		includes foreign gra			<u>31a</u>	
~~						
	Total program service expenses (add lines 28a				32	
Part	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	n one even if not com	pensated see the ir	struc	_
		y Employees (list eac	n one even if not com ny question in this	pensated – see the ir Part IV	struc	_
	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	n one even if not com	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
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	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
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	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
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	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated — see the ir Part IV	istruc 	



Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	ິ 36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b 38a		
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	4175	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
. d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► Minnesota	,		
42a		763.53	3.0500)
_	Located at ► 6510 Zane Ave N Brooklyn Park, MN ZIP + 4 ►	554		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	۲ کامیند لاه	100 C 20 N
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
, с	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		لا شدگ
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			> 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	7	F. GA
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

m 99	Ò-EZ (2018)	·····					F	age 4
4 6	Did the organization engage, directly or in to candidates for public office? If "Yes," c	directly, in political ca	ampaign activities on	behalf of or in	oppositi	on 46	Yes	No
art		only s must answer que	stions 47–49b and 5	52, and comp		***************************************	or lin	es . [
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Parl		section 501(h) election		•	1	Yes	No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	o an exempt non-cha action 527 organization five highest compens	ritable related organiz nn? sated employees (oth	ation?	 , directo	49a 49b ors, truste	es, ar	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to e benefit plans, and compensati	mployee deferred	(e) Estimate other cor		
							. 	
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	s five highest comp	ensated independent one, enter "None."	contractors w	ho each	received	i more	e tha
	(a) Name and business address of each independ		(b) Type of serv	ice	(c)	Compensat	ion	
					·	+		
					<u> </u>			
			-					

Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Sabrina Williams, CEO Type or print name and title Print/Type preparer's name Paid Check [If self-employed Nichole Schmidt Preparer Firm's name ► CliftonLarsonAllen **Use Only** Firm's EIN ▶ Firm's address > 220 South Sixth Street, Minneapolis, MN 55402 Phone no. May the IRS discuss this return with the preparer shown above? See instructions ► ✓ Yes □ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the o	rganization	-				-	•	Employer identification	n number
<u>Frien</u>	ds of E	xcell Acader								333685
Pai									art.) See instruction	ons.
The o	-		· ·	ation because it	· ·	_		•	•	17
2										
3										
4									section 170(b)(1)(A)	(iii). Enter the
	ho	spital's nam	ne, city, and stat	te:						
5			on operated for)(1)(A)(iv). (Com		college	or university	owned c	or operate	ed by a governmen	tal unit described in
6	□Af	ederal, stat	e, or local gover	nment or govern	mental u	nit described	d in secti e	on 170(b))(1)(A)(v).	
7							port from	n a gover	nmental unit or fror	n the general public
8)(A)(vi). (Complet In section 170(b		•	Dort II \			
9							-	oratad in	conjunction with a	land arout nelless
3	or	university o	r a non-land-gra	ant college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or
10	☐ An	organizatio	n that normally	receives: (1) mor	e than 33	31/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	rec su	eipts from a	activities related gross investmen	l to its exempt fu	nctions – related b	-subject to c usiness taxa	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11			_	d operated exclus				-	•	
12										rry out the purposes
	of	one or mor	e publicly supp	orted organizatıo	ns descr	ibed in sect	ion 509(a	i)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
	· ·									es 12e, 12f, and 12g.
а									rted organization(s),	
	•			n(s) the power to f ou must compl e					he directors or trust	ees of the
b			-			•			supported organizati	ion(s), by having
								persons	that control or man	age the supported
_		-		complete Part I	-					
С									n with, and functions on A, D, and E.	ally integrated with,
d	П					=				orted organization(s)
-									ution requirement ar	
				ns) You must c						•
е									at it is a Type I, Type	e II, Type III
			, ,	Type III non-func	•	ntegrated sup	pporting (organizat	ion.	
7				organizations . n about the supp				• • •		· · L
		e of supported		(ii) EIN			(nd to the o		(.) (
	(1) 142111	e or supported	organization	(11) E114		of organization d on lines 1-10	listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (se	e instructions))	docui	ment?	instructions)	instructions)
							Yes	No		
(A) G	Y[P]	Acad	010411	41-19108810	1	7	X		(1)	
	λιτι	rryu	ind	H LIWOU	I		 			
(B)			·							
(C)						•				
			. <u> </u>	 		<u> </u>	 	-		
(D)										
(E)										
Total			 					-		

Part							
	(Complete only if you checked the				_	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		#1.0045	(1) 0040	(1) 0047	4.1.0040	()
_	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.")			i		/	
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	,	,	٠			
4	Total. Add lines 1 through 3	and a second sec					
5	line 1 that exceeds 2% of the amount shown on line 11, column (f).			8 20 /			
6 Sooti	Public support. Subtract line 5 from line 4	1 15 2 2 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Au Winde	
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(5) 2015	(0) 2010	(4) 2011	(6) 2010	(i) 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 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the		ons)		or fifth tax ve	12	n 501(c)(3)
	organization, check this box and stop he			· ·	· · · · ·		> 🗀
Secti	on C. Computation of Public, Suppor						<u>_</u>
14	Public support percentage for 2018 (line			1, column (f))		14	%
15 , 16a	Public support percentage from 2017 Sci 331/3% support test—2018. If the organibox and stop here. The organization qua	ization did not	check the box			15 31/3% or more,	check this
b	331/3% support test—2017. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or m 	ore, check ☐
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization"	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets th	e "facts-and-c	circumstances'	' test, check t	this box and s	stop here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	16a, 16b, 17a	i, or 17b, check	k this box and	see ▶ □

Part	Support Schedule for Organiza						
	'(Complete only if you checked the						nder Part Ji.
<u>C4</u> :	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	4) 004 4	#-> 004 <i>E</i>	(-) 0046	(4) 0047	(-) 0010	10/7-1-1
	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			-			/
2	sold or services performed, or facilities						
i,	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			,			
4	Tax revenues levied for the				,		
	organization's benefit and either paid to	~			`		
	or expended on its behalf				/		,
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		3				
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3				/		
	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	TO ARTHUR TO SE			为"全" 2007 19	March College	_
	line 6.)						•
Secti	on B. Total Support					-	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 201,5	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less	,		İ			
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975				٠		
С	Add lines 10a and 10b						·
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		·-				
12	Other income. Do not include gain or]	
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · ·			▶ 🗍
	on C. Computation of Public Support						
15	Public support percentage for 2018 (line					15	<u>%</u>
16	Public support percentage from 2017 Sci			<u></u>	<u></u>	16	%
	on D. Computation of Investment In				(0)	T 4= T	
17	Investment income percentage for 2018 (%
18	Investment income percentage from 201					18	%
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 organization 18 to pot more than 331/2% shock this						
	line 18 is not more than 331/3%, check this		_				
20	Private foundation. If the organization di	o not check á	box on line 14	, 19a, or 19b, c	neck this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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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)	200		
	below, the governing body of a supported organization?	11a	_	
b	A family member of a person described in (a) above?	11b		
<u> </u>	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		
Secti	on B. Type I Supporting Organizations		Vaa	N.
	Dut the stimulation to the power to	Barrier.	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			
	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,	27 27 Y		
	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.		لسند
2	Did the organization operate for the benefit of any supported organization other than the supported	WAN.		ia. A
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		, 3 , 3	
`	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			200
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		932 25 W	Yes	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	2 2 2 3 1		
	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		100 July 1999
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	⊋v. v. v.	4.4) 1 day
2	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	ZSENELL.	Section 1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	SALE S	Y. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Of Febr
_	significant voice in the organization's investment policies and in directing the use of the organization's			To the
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		Š	
	supported organizations played in this regard	3		
Secti	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	instru	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			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins		
2	Activities Test. Answer (a) and (b) below.	4.80 %	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		17.00	
	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	7.72.63	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20 20	4-14-14	#. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
D	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	The con		
	activities but for the organization's involvement.	2b		25000
3	Parent of Supported Organizations. Answer (a) and (b) below.	搬送	A TOP	95.H
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	- marrie patricular	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	整建		TO THE
	of the supported examplications? If "Vos." describe in Part III the role played by the example in this regard	2h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		,
4 Add lines 1 through 3.	4	-	
5 Depreciation and depletion	5	, "	-
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		,
7 Other expenses (see instructions)	7		(
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		Constant Con
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		c ₁
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	, , , , , , , , , , , , , , , , , , , ,	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		ar many the second seco	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	AND STATE OF THE S	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Strategie Control	e
4 Enter greater of line 2 or line 3.	4	A. Co. Property of the state of	-
5 Income tax imposed in prior year	5	Signature of the state of the s	
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-functionall instructions).	y in	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Secti	on 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		·	ı
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
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	r	·	
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	CO THE CONTRACT	建设施建设设置	
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	P24 25 50 4 4 4 5 5 5		
a	From 2013			COMMENSATION
<u> </u>	From 2014			704417 YK 74.74
c	From 2015		3-437	
d	From 2016			KI, NIMBOOT LOOKER, N
е	From 2017	The state of the s		
f	Total of lines 3a through e		117.65 E. P.	
g	Applied to underdistributions of prior years			CHARACTURE SERVICES
h	Applied to 2018 distributable amount	With the second		
j	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	January, 1999.	7. V. S.	
4	Distributions for 2018 from			
	Section D, line 7: \$	A CONTRACTOR OF THE PARTY OF TH		And the second s
a	Applied to underdistributions of prior years	ALCOHARMS OF A SERVICE	TO ARE CONSIDERATED TO THE MANAGEMENT AND ARE	
<u> </u>	Applied to 2018 distributable amount	To the second second		MACAGARAN TARAK KANTATAN MA
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	necessa es	TO SECURE AND ASSESSMENT OF THE PARTY OF THE	
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	A CONTRACTOR OF THE CONTRACTOR		THE REPORT OF THE PROPERTY OF THE PARTY OF T
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3)	2 LYCHASTRACTORPHOMES ALLES LES AND MACHINES IN		
-	and 4c.			
8	Breakdown of line 7:		ALTERNATION CONTRACTOR	
а	Excess from 2014 .			A CONTRACTOR OF THE SECOND
b	Excess from 2015			
С	Excess from 2016	在 1000年的1000年度		
d	Excess from 2017		TO SEAL TO SEED	MANUAL PROPERTY OF THE PARTY OF
e	Excess from 2018			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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