Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990for instructions and the latest information.

2018
Open to Public
Increation

OMB No 1545-0047

4 1	or the	2018	calendar year, or tax year beginning	087	U⊥,2018, a	na enaing			1/31,20		_				
3 cı	eck ıfap	plicable	C Name of organization	I D MDIZOM			D Empi	oyer identifi	ication num	ber					
	Addre		JACK STARKEY CHARITAB	LE TRUST											
	change		Doing business as					<u>-71596</u>			_				
	Name	change	Number and street (or P O box if mail is	not delivered to street address	s) Ro	oom/suite		hone numbe							
	Instual		P.O. BOX 803878				31	<u> 2 630-</u>	<u>6000</u>		_				
_	termin		City or town, state or province, country, a	and ZIP or foreign postal code											
	Amen		CHICAGO, IL 60680				_	receipts \$		633,00					
	Applic pendir		F Name and address of principal officer					his a group re pordinates?	turn for	Yes X	ю				
								all subordinates	included?	Yes	Vo				
	Tax-ex	empt sta	atus X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527]	lf "No," attach	a list (see inst	tructions)					
	Websit	te: 🕨	N/A		l.		H(c) Gro	oup exemption	number 📂						
	Form o	f organ	ization Corporation X Trust	Association Other		L Year of forr	nation 19	95 M Stat	te of legal do	omicile CA					
a	rt l	Su	mmary								_				
	1	Briefly	describe the organization's mission or	most significant activities							_				
Þ		TO S	SUPPORT THE ORGANIZATION	ONS LISTED IN S	CHEDULE	A, PART	Ī			•	_				
Activities & Governance			·	, , , , , , , , , , , , , , , , , , ,						-	_				
5	2	Check	this box If the organization of	iscontinued its operations	or disposed of	of more than 25	5% of its no	et assetsE	CEIVE	ED ;	_				
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				T 3		ည္တ	1				
5			er of independent voting members of t					4		ດ20 ີ	=				
2			number of individuals employed in cale				10) 	MON	E.				
			number of volunteers (estimate if neces					1		NON					
2			unrelated business revenue from Part V	•				\Box	DEN.	UT NON	=				
			related business taxable income from					- <u>-</u>		NON	_				
-		THUL GI	mented business taxable meant from	10/11/050 1, 11110 30		••••	Prior			rent Year					
	8	Contri	hutions and grants (Part VIII, line 1h)					1041		Tent rear					
5			Contributions and grants (Part VIII, line 1h)												
I CAGIING		Program service revenue (Part VIII, line 2g)													
2								29,213	┪	29,31	<u>ა</u> .				
			revenue (Part VIII, column (A), lines 5,					20 212		20.27	_				
-			evenue - add lines 8 through 11 (must				1	29,213		29,37					
			and similar amounts paid (Part IX, col			· · · · · 		35,393	 	32,37	᠘.				
			ts paid to or for members (Part IX, colu					10 110	<u> </u>		=				
ŝ	15		es, other compensation, employee bene					10,440	<u> </u>	12,11	<u>/</u> .				
czpenses			sional fundraising fees (Part IX, column						ļ		_				
ŝ			undraising expenses (Part IX, column (ļ		_				
			expenses (Part IX, column (A), lines 11					2,852		3,20	_				
			expenses. Add lines 13-17 (must equal	, , ,,	,			48,685		47,69	_				
_	19	Reven	ue less expenses. Subtract line 18 fron	n line 12	<u></u>			<u>80,528</u>	<u> </u>	<u>-18,31</u>	<u>9</u> .				
Ç						Beg		urrent Year	+	d of Year					
ala	20	Total a	essets (Part X, line 16)				9	<u>96,898</u>	<u> </u>	<u>975,48</u>	<u>7</u> .				
اع	20 21 22	Total I	abilities (Part X, line 26)					NON	Œ	NO.	_				
			sets or fund balances. Subtract line 21	from line 20	· · · · · · ·	<u></u>	9	96,898	1	975,48	<u>7</u> .				
a	t II		nature Block												
			of perjury, I declare that I have examined the complete Declaration of preparer (other that						y knowledge	e and belief, it	ıs				
<u></u>	,	Ci, and	Deciaration of preparer tother tha	n omicely is based on an inform	HARDITOF WINCH	higherer may gui	, viiowieage	•							
	_	.	James It Carlet	71				<u>01/29/</u>	2020		_				
g er			Signature of officer					ate							
; ľ	U		THE NORTHERN TRUST COM	PANY, OFFICER							_				
_			Type or print name and title								_				
۰		Print/	Type preparer's name	Preparer's signature		Date	Che	eck if	PTIN		_				
d	arer	<u></u>		<u> </u>			sel	-employed							
•	arer Only	Firm's	sname 🕨				Firm's E	IN 🕨			_				
3	Jiny	Firm's	address ►				Phone r			· •	_				
3)	the	IRS di	scuss this return with the preparer	shown above? (see ins	tructions) .				TY	res X N	0				
			Reduction Act Notice, see the separat							m 990 (201	_				
		•	,	···········	177				. 31	(23)	•				

JSA

ASI798 548L 01/29/2020 12:58:03

(134 02-60610

	1111 330 (2016)	raye Z,
Pá	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
<u> </u>	Briefly describe the organization's mission.	• 1 1
	TO SUPPORT THE ORGANIZATIONS LISTED IN SCHEDULE A, PART I	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	
4a	a (Code:) (Expenses \$ 16,186. including grants of \$ 16,186.) (Revenue \$)
	GRANT PAID TO SUPPORTED ORGANIZATION - ARTHRITIS FOUNDATION, INC.	
4b	b (Code:) (Expenses \$ 16,186. including grants of \$ 16,186.) (Revenue \$	
	GRANT PAID TO SUPPORTED ORGANIZATION - MOTION PICTURE AND TELEVISION	
	FUND	
4-	/Code \/ (Fuence of the latter was to of the latter to the	
40	c (Code:) (Expenses \$including grants of \$) (Revenue \$)	,
		
_		
4d	1 Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses ► 32,372.	

AIOR

Part	IV Checklist of Required Schedules			Page
			Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l v	
2	complete Schedule A	2	Х	3
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		H
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_ >
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		2
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			١.
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		7
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			T
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		L
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			i
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-	_	H
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	ļ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		-	
	complete Schedule D, Part VI	11a	ļ	L
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
2 2	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		┢
	Schedule D. Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			Г
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Ŀ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			Г
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		-
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18]
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	··•		
	If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		- 4
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		17	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<u>х</u> 990	<u> </u>
SA			uun	

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
~ /	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_		28a		X
		20a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠.
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
•	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
Part				<u> </u>
Tart	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in contraine a reaponde of note to any fine in this fact \$1.1.1.1.1.1.1.1.1.	· · ·	Yes	No No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
C		1.		
	reportable gaming (gambling) winnings to prize winners?	1c	990	(2010)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_ X _
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
ь	If "Yes," enter the name of the foreign country:			1 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
_	required to file Form 8282?	7c_		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<u></u>
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7.	75 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	The state of the s	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь_		X
10	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on Part VIII, line 12	,		1
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	40		į——
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		'
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
O	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		_X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			1
		r	aan	(2010)

Form 9	90 (2018)			age 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	_		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			}
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		· · · · ·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ.,.	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	ļ <u>-</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		 -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		.,	
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,,	ŀ
	describe in Schedule O how this was done	12c	X	 ,,
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	ļ.,
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		اـــــا
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990	T (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of it	nterest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds ►		
	NORTHERN TRUST, N.A. TEL: (312)630-6000		000	100:0:
JSA	P.O. BOX 803878; CHICAGO, IL 60680	Form	330	(2018)

Form 990 (2018) Page **7**

Part VII	Compensation (of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cor	ntra	actors								_
	Check if Schedule (0 6	ontains a re	snonse or no	te to any line	in this	Part VII				. 1 1

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average			neck	ition more	than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
(1) MODTURDN TRICT N A	hours per week (list any hours for related organizations below dotted line)	office or di		-		Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NORTHERN TRUST, N.A.	40.00		Х					12,117.	NONE	NON
(3)										
(4)										
(5)					_					
(6)			-							
(7)								-		
(8)										
(9)					<u> </u>					
10)										
11)										
12)					_		H			
13)										
14)				-						

8E1041 1 000

Part VII Section A. Officers, Directo	Jis, Tiustees, Key	<i>,</i> E	DIO	((iiu ii	ıgıı	Compensate	Lilipioyee	3 1001	ninueu)
(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck ss pe d a di	ntion more rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation fro	rom	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis		compensation from the organization and related organizations
(15)											
(16)										_	
(17)											
(18)											
(19)										+	
(20)							-			_	
(21)											
(22)										\dashv	
(23)										-	_
(24)											
								:			
(25)											
1b Sub-total c Total from continuation sheets to P d Total (add lines 1b and 1c)	art VII, Section A .						* * *	12,117.	N/C	NE	NO
Total number of individuals (including reportable compensation from the or compensation)	ng but not limited to					ove)	who				
3 Did the organization list any form	ner officer, direct	or, o	r tr	uste	е,	key	em	ployee, or highes	st compensat	ed	Yes No
 employee on line 1a? If "Yes," complete For any individual listed on line 1a organization and related organization individual	, is the sum of re tions greater thar	portal	ble 50,0	con	nper	nsatio f "Ye	n a	and other compen	sation from .t	he	3 X 4 X
5 Did any person listed on line 1a refor services rendered to the organization	eceive or accrue co	mper	nsati	on	fror	n any	/ ur	nrelated organizati			5 X
Complete this table for your five hig compensation from the organization. year.											
	A) siness address							(B) Description of se	rvices	Co	(C) empensation
2 Total number of independent co	ntractors (including						L	aliana Parada da			

	990 (2			·			Page 9
Pai	t VIII	Statement of Revenue					,
		Check if Schedule O contains a respor		y line in this Part	<u> </u>		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants mounts	1a b	Federated campaigns 1a · Membership dues 1b					
, Gifts, G nilar Am	c d	Fundraising events 1c Related organizations 1d					
Contributions, Gifts, and Other Similar Ai	f	Government grants (contributions) - 1e All other contributions, gifts, grants, and similar amounts not included above - 1f					
	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f					
Service Revenue	2a b		Business Code				
Program Se	d e f	All other program service revenue					
-	3 4 5	Investment income (including divider and other similar amounts)	proceeds .	32,174.	1 are read areas shorty water a re-	4 C. J. Marchaelle, her we arrange a seas.	32,17
	6a b	Gross rents	(ii) Personal				
	d 7a	Rental income or (loss)	(ii) Other				
	b c d	Less cost or other basis and sales expenses 603,633 Gain or (loss)		-2,798.			-2,79
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
Ş	b c	Less direct expenses b Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19					
	10a	Less direct expenses b Net income or (loss) from gaming activities . Gross sales of inventory, less		3.50		The state of the s	
	ь с	returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory					
	11a	Miscellaneous Revenue	Business Code				
	· b						

e Total. Add lines 11a-11d

29,376

Form **990** (2018)

Part IX Statement of Functional Expenses

	organizations must			

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations			general expenses			
	and domestic governments See Part IV, line 21	32,372.	32,372.	Charles and Charle			
2	Grants and other assistance to domestic individuals See Part IV, line 22	l 1					
3	Grants and other assistance to foreign			No. 20 Sept. 1997.			
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members			CASE DOWN			
5	Compensation of current officers, directors,		,				
	trustees, and key employees	12,117.		12,117.			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and			_			
_	persons described in section 4958(c)(3)(B)						
	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
-	Fees for services (non-employees)						
	Management						
	Legal		<u> </u>	2 500			
	Accounting	2,500.		2,500.			
	Lobbying	·-		vermagnistration and the	· · · · · · · · · · · · · · · · · · ·		
	Professional fundraising services See Part IV, line 17.		and a state of the	5 (25 mm) 1 2 4 5 (2) 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	<u></u>		
	Investment management fees						
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)						
12	Advertising and promotion				,		
13							
14							
15	Royalties			_			
16	Occupancy						
17	Travel		gi - 在设立-	À	7		
18	Payments of travel or entertainment expenses			•	L-		
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	·					
20	Interest						
	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
	Depreciation, depletion, and amortization		<u> </u>				
	Insurance	F1- F6-1-86/88/4/28/8/8/4/28/	2000 00 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANT CAN DELT TO SERVER	WELDER TO SEE SEE SEE		
24	Other expenses Itemize expenses not covered						
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule ()						
9	FOREIGN TAX ON INVESTMENT	681.	-344. "30. THE PROPERTY TY. S.	681.	1 49 0.0.000 "Y38_, PART! 197000 AND		
	CA FRANCHISE TAX BOARD	10.	-	10.			
	IL ATTORNEY GENERAL	15.		15.			
d					,		
	All other expenses						
	Total functional expenses Add lines 1 through 24e	47,695.	32,372.	15,323.	NONE		
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here						
	following SOP 98-2 (ASC 958-720)				,		
	· · · · · · · · · · · · · · · · · · ·	···			Form 990 (2019)		

Form 990 (2018)

3 Pladges and grants receivable, net 3 4	ra	(1 V)	Dalance Greet			····
1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Savings and temporary cash investments 3 Neidges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trusterse, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from the disqualified persons (as defined under section 4558(ft)11), parsons described in section 4558(ft)11), parsons			Check if Schedule O contains a response or note to any line in this Pa			
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from the disqualified persons (as defined under section 4958(ff(1)), persons described in section 4958(f(3)(8), and contributing employers and sponsoring organizations of section 501(c(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related, See Part IV, line 11 14 Intragible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability, Complete Part IV of Schedule D 22 Loans and other heapoles to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualfied persons. Complete Part II of Schedule D 21 Escrow or custodial account liability, Complete Part IV of Schedule D 22 Cons and other habilities not included on lines 17-24). Complete Part X of Schedule D 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities. Add lines 17 through 25. 28 Temporarily restricted net assets 29 Porganations that do not rollow SFAS 117 (ASC 958), check here 20 Total liabilities. Add lines 17 through 25. 27 Unrestric						* *
2 Savings and temporary cash investments		1	Cash - non-interest-bearing		1	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958[H](II), persons described in section 4958[H](III), persons described in section 4958[H](III), persons described in section 501[H] voluntary employees and sponsoring organizations of section 501[H] voluntary employees tenefliciary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - public ly traded securities 10b Investments - public ly traded expenses 11c Investments - public ly traded securities 11d Investments - public ly traded securities 11d Investments - public ly traded securities 11d Investments - public ly traded securit		2		16,127.	2	35,742.
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from their disqualified persons (as defined under section 4958(ff) II), persons described in section 4958(f(3)(6), and contributing employers and sponsoring disparations of section 501(c)(6) volumbly employers beneficary organizations (is section 501(c)(6) volumbly employers beneficary organizations for sale or use 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment. cost or other basis Complete Part IV of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intample assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Total assets. Add lines 1 through 15 (must equal line 34) 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Tax-exempt bond liabilities 10 Secured mortgages and notes payable to unrelated third parties 10 Secured mortgages and notes payable to unrelated third parties 11 Control ilabilities. Add lines 17 through 25 11 Complete Part IV of Schedule D 12 Escrow or custodial account liability. Complete Part IV of Schedule D 13 Secured mortgages and notes payable to unrelated third parties 14 Uncestricted net assets 15 Other liabilities. Add lines 17 through 25 16 Total liabilities. Add lines 17 through 25 17 Total liabilities. Add lines 17 through 25 18 Permanently restricted net assets 19 Permanently restricted net assets 19 Permanently restricted		3			3	
S Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958ff(III), persons described in section 5016(III) and controlling employers organizations (see instructions). Complete Part III of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and depreciation 10 Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - other securities See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses. 18 Grants payable . 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Secured mortgages and notes payable to unrelated third parties. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Trestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Organizations that do not follow SFAS 117 (ASC 958), check here 30 Capital stock or trust principal, or current funds 31 Tation or capital surplus, or land, building, or equipment fund 31 Tation or capital surplus, or land, building, or		4			4	
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(11)), persons described in section 4958(c(13)(8), and contributing employers and sponsoring organizations of section 501(c(19) voluntary employers beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and notes payable to unrelated third parties. 10 Prepaid expenses and notes payable to unrelated third parties. 11 Prepaid expenses and notes payable to unrelated third parties. 12 Prepaid expenses and notes payable to unrelated third parties. 12 Prepaid expenses and notes payable to unrelated third parties. 12 Prepaid expenses and notes payable to unrelated third parties. 12 Prepaid expens		5				
Loans and other receivables from other disqualified persons (as defined under section 458f(f(1)), persons described in section 458f(c(3)(8)), and contributing employers and sponsoring organizations of section 458f(c(3)(8)), and contributing employees and sponsoring organizations of section 458f(c(3)(8)), and contributing employees and sponsoring organizations of section 458f(c(3)(8)), and contributing employees and sponsoring organizations of section 458f(c(3)(8)), and contributing employees and sponsoring organizations of section 458f(c(3)(8)), and contributing employees and sponsoring organizations of section 501f(c(3)) voluntary employees beneficiary and sponsoring organizations of section 501f(c(3)) voluntary employees beneficiary a linvestine or sponsoring organization or use. and sponsoring organization organization or use. and sponsoring organization organization organization organization organization organization organization. and sponsoring organization organization organization organization organization organization. and sponsoring organization organization organization organization organization. and sponsoring organization organization organization organization organization. and sponsoring organization organization organization organization. and sponsoring organization organization organization organization organization. and sponsoring organization organization organization organization organization. and sponsoring organization organizat			trustees, key employees, and highest compensated employees.			
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 9		6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D b Less: accumulated depreciation	ets	7			7	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D b Less: accumulated depreciation	1SS	8			8	
ther basis Complete Part VI of Schedule D b Less: accumulated depreciation	4	9			9	
ther basis Complete Part VI of Schedule D b Less: accumulated depreciation		10a	Land, buildings, and equipment. cost or			
11 Investments - publicly traded securities			= ' ' '			
12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 16 Total assets. See Part IV, line 11 15 15 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 NONE 26 NO		ь	Less: accumulated depreciation 10b		10c	
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 996, 898 16 975, 48 17 Accounts payable and accrued expenses 17 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 24 Unrecurred notes and loans payable to unrelated third parties 23 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Organizations that follow SFAS 117 (ASC 958), check here		11	Investments - publicly traded securities	980,771.	11	939,745.
14 Intangible assets		12	Investments - other securities See Part IV, line 11		12	<u> </u>
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here omplete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 996, 898. 33 975, 46		13	Investments - program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here omplete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), chec		14	Intangible assets		14	
17 Accounts payable and accrued expenses 17 18 Grants payable		15	Other assets. See Part IV, line 11		15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	996,898.	16	975,487.
Deferred revenue		17	Accounts payable and accrued expenses		17	
Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Cother liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. NONE 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 28 Permanently restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. Tax and complete lines 30 through 34. Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 996, 898. 33 975, 485		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 NONE 26 NC Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here xiant		19	Deferred revenue		19	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
24 Unsecured notes and loans payable to unrelated third parties	S.	22	·			
24 Unsecured notes and loans payable to unrelated third parties	Ħ					V
24 Unsecured notes and loans payable to unrelated third parties	ab					
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here omplete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here omplete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 996, 898. 33 975, 48	_	23				
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties	·	24	
of Schedule D		25		- marine date > " managementally against a		
Total liabilities. Add lines 17 through 25			•		ŀ	
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 20 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 20 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 21 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 22 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 23 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 24 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 25 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 26 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 27 Organizations that do not follow SFAS 117 (ASC 958), check here of the complete lines 30 through 34. 28 Organizations that do not follow SFAS 117 (ASC 958)			of Schedule D			
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow S		26		NONE	26	NONE
Capital stock or trust principal, or current funds 996,898. 30 975,48 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 996,898. 33 975,48	es		complete lines 27 through 29, and lines 33 and 34.			<u> </u>
Capital stock or trust principal, or current funds 996,898. 30 975,48 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 996,898. 33 975,48	auc	27	Unrestricted net assets		-	
Capital stock or trust principal, or current funds 996,898. 30 975,48 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 996,898. 33 975,48	Bal					
Capital stock or trust principal, or current funds 996,898. 30 975,48 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 996,898. 33 975,48	5	29	·		29	
20 Capital stock or trust principal, or current funds 996,898. 30 975,48 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 996,898. 33 975,48	or Fu					
31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 396,898.33 975,48		30	Capital stock or trust principal, or current funds	996,898.	30	975,487.
	SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Ä	32	Retained earnings, endowment, accumulated income, or other funds [32	
34 Total liabilities and net assets/fund balances	Ž	33	Total net assets or fund balances	996,898.	33	975,487.
	_	34	Total liabilities and net assets/fund balances	996,898.	34	975,487.

Form 990 (2018) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI..... [X 1 29,376. 47,695. 2 2 3 -18,319. 3 996,898. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 6 7 8 -3,092 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 975,487. **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990. X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Зh

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs gov/Form990for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public
Inspection

Name of the organization

Employer identification number

JAC	K STA	RKEY	CHARIT	$\mathtt{ABLE}_{_}$	TRUST						159685
Par	t I R	easor	n for Publi	c Cha	rity Status	(All c	rganizations must c	omplete	this pa	rt.) See instructions	
							is. (For lines 1 through				
1	A cl	urch,	convention	of chu	irches, or as	sociat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	16
2							(Attach Schedule E				
3	A h	ospita	l or a coope	rative	hospital serv	ice or	ganization described	in sectio	n 170(b)	(1)(A)(iii).	
4										section 170(b)(1)(A)	(iii). Enter the
			name, city,								
5	An	organ	ization ope	rated f	or the benef	fit of	a college or universi	ty owner	d or ope	rated by a governme	ntal unit described in
	sect	ion 1	70(b)(1)(A)((iv). (C	omplete Part	t II.)					
6	A fe	deral,	, state, or lo	cal gov	ernment or g	gover	nmental unit describe	d in secti	ion 170(b)(1)(A)(v).	
7	An	organ	ization that	norma	ally receives	a sul	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
	des	cribed	in section	170(b)	(1)(A)(vi). (C	ompl	ete Part II.)				
8	A co	mmu	inity trust de	escribe	d in section	170(o)(1)(A)(vi). (Complete	Part II.)			
9										in conjunction with a	
	or u	niver	sity or a non	-land-g	rant college	of ag	riculture (see instructi	ons) Ent	er the na	ame, city, and state of	the college or
	univ	ersity	/ ⁻								
10	rece sup acq	ipts f port fr uired	rom activitie rom gross in by the organ	es relat nvestm nizatioi	ed to its exer ent income a n after June	mpt f and ui 30, 1:	unctions - subject to c prelated business taxa 975 See s <mark>ection 509</mark>	ertain ex ble incor (a)(2). (C	ceptions ne (less complete		n 331/3% of its
11							sively to test for publi				
12											arry out the purposes
											ee section 509(a)(3).
											nes 12e, 12f, and 12g.
а										orted organization(s),	
							=		jority of	the directors or truster	es of the
						•	e Part IV, Sections A		iah ian	aumorted organization	an/a) by baying
D										supported organization	
								the Sam	e person	s that control or man	age the supported
_	_	-			•		, Sections A and C.	tad in a	oppostion	n with, and functional	ly integrated with
C							ns). You must comple				iy integrated with,
d	F 1									ection with its suppor	ted organization(s)
u		•		-	-	-				ution requirement and	
							omplete Part IV, Secti				
е										at it is a Type I, Type I	I. Type III
·							ionally integrated sup				, ,,,
f					organization						2
g	Provide	the f	ollowing inf	ormati	on about the	supp	orted organization(s)				
	(i) Name o	f suppo	orted organizati	on	(ii) EIN		(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of
							(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
							above (see mon denomby)	Yes	No		,
(A)			-	_	-						
\^/	SEE	PAR	IV TS				<u> </u>				
(B)							٦				
(C)											
(D)											
(E)						_		1			
Tota	.1	2			-	<u>. </u>				-	-

Sched	ule A (Form 990 or 990-EZ) 2018					*	Page, Z
Part	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on l	line 5, 7, or 8	of Part I or if the	ne organizatio	n failed to qua	(vi) lify under
Sect	ion A. Public Support	10 10 9 11 11		,,,,		•	Ñ/A
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			,
3	The value of services or facilities furnished by a governmental unit to the organization without charge	\			. /	,	
4 5	Total Add lines 1 through 3 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)						٠,
6	Public support. Subtract line 5 from line 4	[25] [25]	id Bhillis Strik		7. 加州(安州) 1886 (1886)	STEEL ASSOCIATION	
	tion B. Total Support	(-) 2014	(h) 2015	(in) 2016	(d) 2017	(e) 2018	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(0) 2017	(e) 2018	(1) 10(8)
7 8	Amounts from line 4						
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)			No. 707 N. a. 65	Was Stored A		,
11	Total support. Add lines 7 through 10	La Jan	12.12. 张 重点	。	value i sas	Citiz Wits	
12	Gross receipts from related activities, etc. (s	see instructions) .		. `		12	
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						
	Section C. Computation of Public Support Percentage						
14							
15 16a	6a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this						
_	box and stop here. The organization qualifies as a publicly supported organization						
D	b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check						
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org Explain in Part VI how the organizati	2017. If the organization meets ion meets the '	ganization did r s the "facts-and "facts-and-circur	not check a box d-circumstances" nstances" test.	on line 13, 16 test, check t The organization	a, 16b, or 17a, his box and st	op here.
18	supported organization Private foundation. If the organization					this box and see	· · · · ·

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						N/A/
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Totál
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
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]			1
	organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons						
D	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			/			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						1
	tion B. Total Support		43 2025	(-) 2016	(4) 2017	(-) 2018	/f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	<u> </u>	/			<u> </u>	
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar	1	7				
	sources	/					
Ь	Unrelated business taxable income (less]			
	section 511 taxes) from businesses						
	acquired after June 30, 1975	/					
	Add lines 10a and 10b						+
11	Net income from unrelated business activities not included in line 10b,						i
	whether or not the business is regularly						
	carried on						-
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12)						
14	First five years. If the Form 990 is f	for the organiza	tion's first, seco	nd. third. fourth	or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop here						
Sect	tion C. Computation of Public Sup			<u> </u>	<u></u> -		
15	Public support percentage for 2018 (line 8,			ımn (f))		. 15	%
16	Public support percentage from 2017 Schei					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2018 (li			13, column (f))		17	%
18	Investment income percentage from 2017					18	%
	331/3% support tests - 2018. If the or						
	17 is not more than 331/3%, check th						
ь	331/3% support tests - 2017. If the orga						
1	line 18 is not more than 331/3%, check						
ho	Private foundation. If the organization						
JSA				· · · · · · · · · · · · · · · · · · ·			990 or 990-EZ) 2018

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

1	Are all of the organization's supported organizations listed by name in the organization's government	ıg
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated is	Þγ
-	class or purpose, describe the designation. If historic and continuing relationship, explain.	

- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supports organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actio 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 alread designated in the organization's organizing document?
- 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) 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or moi disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
	Trick's	14 YES	DA 2481
าg			
by			3.4
~ ,			الالتناب في الماليات
	1	X	NC 04 401
us			v
	经搬	医翼	
ed		Train to	35.32
	2		l X
		<u> </u>	-5:33
ег			
	3a		, X
	EP-20090		866.25464
nd		TOT	
he		2 3	
		يعدعت	فعصشدهد
	3b	27.57	7
B)	777	第 第	201
,			345.434
	3с		
If		AT TO	
"			
	4a	L	- X
	验学		18 19
ŋn	凝凝		
วก		الأكمنت	النستشيد
	4b		
	2 200 We	√88 7 ~×***80	
n			
ed			
B)	2	السينا	
	10		
		ريخ دريخي	F1*40" 28
s,"		200	- 75
IN .	\$\$P\$\$		
1/4	30.JE		
n;	1.151		
n	题	30	
""		2 1 2 P	التشنيشين المستشيخ
	5a		X
	A 3.50		
γt		20000	السنعتفسا
	5b		
	5c		
		\$\f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2°, 3°, 1°4
	· 26.38		
to	***	P	
d			
·u	8.3		252
or	1	漢漢	
		外记录	للبطينين
	6	L	X
	数型		2000
or	1	100	
ty	MLB:	ئۇرىنىڭ ئۇرىنىكىگە	البتانير
	7		X
	- 12 m	S-21980.	<u> </u>
77		75' 5' 7. 12' 15' 15' 15' 15' 15' 15' 15' 15' 15' 15	
	8		X
		11407-1	
re	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	325. 11	CANCE OF A
d l	學	1.00	
u		نششت	انتخالات
	9a		<u>X</u>
h.		7473	* !
h		ستشتث	انشتشا
	9b		X
	N. T.	(1967) 1961)	13,83
fit	*****	المنتقت	100° A
	9c	i	Х
			SERVICE
ח	30 Z	-633	
ď	羅瑟		
-		X	
	10a		marrie (* *
to		300 C	
	40L	***************************************	
	10b		<u> X</u>
rm q	90	990-EZ	12010

За

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 32,199 3 21,084 3 Other gross income (see instructions) 4 21,084 4 Add lines 1 through 3 5 5 Depreciation and depletion 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) 10,964 12,837 7 7 Other expenses (see instructions) 8 10,120 19,362 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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 1,110,455 1.070.570 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d ,110,455 1,070,570 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 1,110,455 1,070,570 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, _ 4 16,657. 16,059. see instructions). 5 1,093,798. 1,054,511. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 38,283. 36,908. 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 38,283 36,908. 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 10,120. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 8,602. MACHABLI HARRIA 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 38,283. 4 Enter greater of line 2 or line 3. 38,283. CANAGE CESTACE 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 38,283. emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	le A (Form 990 or 990-EZ) 2018	Supporting Organization	tions (continued)	Page A			
Part	Type III Non-Functionally Integrated 509(a)(3) on D - Distributions	Supporting Organizat	tions (continued)	Current Year			
		romat aurages	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	32,372.			
1	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer			32,312.			
2	organizations, in excess of income from activity	int purposes or support					
		rations	2,487.				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	Zations	2,407.			
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		· · · · · · · · · · · · · · · · · · ·	34,859.			
	Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which	the ergonization is reen	oneiva	34,633.			
8							
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6			38,283.			
10	Line 8 amount divided by line 9 amount	1	/::\	(:::)			
-	Section 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			38,283.			
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		"然果然这里是是				
а	From 2013 NONE	COMPAND THE	RENGE WAS A				
b	From 2014 NONE	可能認定所引起的 。所		REAL PROPERTY.			
С	From 2015 NONE		PATONIA MARKATA	COSTAX AND			
d	From 2016 NONE	TO A STATE OF THE	CHENT MAKE	[原始定法,海温量]			
е	From 2017 5,911.	222年李涛。第13565	CENTE TO ENTE	7年8年7年至12年2月			
f	Total of lines 3a through e	5,911.					
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount			5,911.			
i	Carryover from 2013 not applied (see instructions)		2年2月1日 10日 10日 10日 10日 10日 10日 10日 10日 10日 1	Magazia an			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	(CAR BUT WAR	HARRY PRINCE			
4	Distributions for 2018 from		MANAGE AND				
`,	Section D, line 7: \$ 34,859.						
а	Applied to underdistributions of prior years			ozazek ek			
b	Applied to 2018 distributable amount			32,372.			
С	Remainder Subtract lines 4a and 4b from 4	2,487.					
5	Remaining underdistributions for years prior to 2018, if						
	any Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in			,			
	Part VI. See instructions.						
-7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c	2,487.		A STATE OF THE PARTY.			
8	Breakdown of line 7:		THE PARTY OF A	24/8/2012/5/201			
а	Excess from 2014		第三条件。 新工作系统				
ь	Excess from 2015						
	Excess from 2016		C STATE OF THE STATE OF	Province 1024			
C	Excess iroin 2010						
c d	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2018 Page
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.)
PART IV, SECTION D, LINE 2 & 3
SEE ATTACHED

32,372.

NONE

==========

TOTAL SUPPORT:

TOTAL OTHER SUPPORT:

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.) SCHEDULE A, PART I (q) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: ARTHRITIS FOUNDATION, INC EIN: 95~1885447 TYPE OF ORGANIZATION FROM PART I: 6 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 16,186. NAME OF SUPPORTED ORGANIZATION: MOTION PICT. & TELE. FUND EIN: 95-1652916 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 16,186.

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

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Go to www.irs.gov/Form990for the latest information. ▶ Attach to Form 990.

2018

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service	▼ 60 ★	o www.irs.gov/	Go to www.irs.gov/Form990for the latest information.	itest information.			Inspection
Name of the organization						Employer identification number	n number
JACK STARKEY CHARITAI	CHARITABLE TRUST					36-7159685	85
Part I General Information on Grants and Assista	n Grants and Assistance						
1 Does the organization maintain records to substantiate	records to substantiate the	amount of the g	grants or assistance	e, the grantees' el	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	_	No.
the selection criteria used to award the grants or assistance?	vard the grants or assistanc tion's procedures for monit	e? oring the use of	g the use of grant funds in the			-	
Part II Grants and Other Assistance to Domestic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization are Boat live and the forganization of for any recipient that received more than \$5,000. But ill can be duplicated if additional enace is needed	anizations and	d Domestic Gove	ernments. Comp	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, and more than \$5,000. Part II can be disnicated if additional space is needed	ation answered "Ye	s" on Form 990,
1 (a) Name and address of organia	zation (b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) SEE STATEMENT 1							
(2)			:				
(3)							
(4)							
(5)							
(9)		,					
(7)							
(8)							
(6)							
(10)							
(11)			,				
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	(01(c)(3) and government o	ent organizations liste	ed in the line 1 tab	le · · · ·			2
تما	the Instructions for Form 90	90.				Sche	Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance MEETINGS AT LEAST ANNUALLY WITH SUPPORTED ORGANIZATIONS (c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 N/A Part III ß က ~

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

► Go to www irs.gov/Form990for the latest information.

36-7159685 JACK STARKEY CHARITABLE TRUST EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b NOT APPLICABLE FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW A COPY OF FORM 990 IS SENT TO THE TRUSTEE FOR REVIEW AND COMMENTS EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c ANNUAL ACKNOWLEDGEMENT BY TRUSTEE FORM 990, PAGE 6, PART VI, LINE 19 AVAILABLE UPON REQUEST EXPLANATION FOR FORM 990, PART XI, LINE 9 PRIOR PERIOD ADJUSTMENT

Name of the organization

JACK STARKEY CHARITABLE TRUST

Employer identification number

36-7159685

STATES WITH WHICH COPY OF FORM 990 IS REQUIRED TO BE FILED:

California Illinois

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▼ Attach to Form 990.	• Go to waw is gov/Form990for instructions and the latest information
	Co to want its a

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

JACK STARKEY CHARITABLE TRUST

Part I

Department of the Treasury Internal Revenue Service Name of the organization

2018

OMB No 1545-0047

Open to Public Inspection

ing the latest information.

Inspection Employer identification number 36-7159685

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2018 å (f) Direct controlling entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income <u>e</u> (d) Exempt Code section (c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Primary activity Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization (1) SEE PART VII SUPPLEMENT Part II 9 (7) $\widehat{\mathbb{C}}$ 3 (2) 3 (2) 9 (2) Ξ (2) (3)

JSA

8E1307 1 000

Section 512(b)(13) controlled entity? Yes No (k) Percentage ownership (h) Percentage ownership 36-7159685 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing partner? ŝ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate allocations? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) Primary activity (d)
Direct controlling | (c) Legal domicile (state or foreign country) {a}Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization æ Part III Part IV 3 4 Ξ 2 (3) 3 9 5 Ξ 2 (3)

Schedule R (Form 990) 2018

5

9

5

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Yes No	욷
1 During the tax way did the propagation engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted organizations lis	thed in Parts II-IV?		-	
	ונכת סו אמווודמווסווט וויי	: A	-		>
			:	>	٩
b Giff, grant, or capital contribution to related organization(s)			<u> </u>	4	;
c Gift, grant, or capital contribution from related organization(s)			일 : :		~
d Loans or loan guarantees to or for related organization(s)	•	•		1	×
			16		×
			<u> </u>		١
			=		>
t Dividends from related organization(s)			<u>- </u>	+	٩:
g Sale of assets to related organization(s)			<u> </u>	_	
h Purchase of assets from related organization(s)			<u>뒤</u> : :	_	⋈
i Exchange of assets with related organization(s)		•	-		\times
i Lease of facilities, equipment, or other assets to related organization(s),	•				×
k lease of facilities equipment or other assets from related organization(s)			1 4	Y	×
	•		=	_	×
			<u>E</u>	-	1>
			:		9>
			<u> </u>	_	۹:
o Sharing of paid employees with related organization(s)			<u>위</u> : :		~
			•		;
p Reimbursement paid to related organization(s) for expenses			<u>막</u> : ::		× ;
q Reimbursement paid by related organization(s) for expenses			<u>۽</u> : : :	5	\times
				1	- 1
r Other transfer of cash or property to related organization(s)			<u>+</u> :	3	\sim
s Other transfer of cash or property from related organization(s),				1s	\sim
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	line, including cover	ed relationships and transa	ction thresho	lds.	
(e)	(q)	(2)	P)		
Name of related organization	ransaction type (a-s)	Amount involved	Method of determining amount involved	etermining nvolved	<u> </u>
(1)					
(2)					İ
(E)					
(4)					
(5)					
		Sch	 Schedule R (Form 990) 2010	2 (360 ע	15

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Legal domicile Predomi Predomi (c) Predomi (state or fication income (re (state or foreign income (repeated) inclinated, and country) unrelated, as	(c) Legal domicile (state or foreign country)	nant Ilated, kcfuded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate altocations?	Code V - UBI e amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No		Yes No	
(1)										
(2)										
							_			
(3)				· ·-			· -			
(4)										
(5)	.					-				
(6)										
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)									-	
(15)										
(16)										
						:		Sch	edule R (For	Schedule R (Form 990) 2018

Schedule R (Fo	rm 990) 2018	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
		
		
_		
		· •
		
		.
_		
	·	

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990

Name of entity: ARTHRITIS FOUNDATION, INC.

Address of Entity: 800 W. 6TH STREET, LOS ANGELES, CA 90010

Employer ID Number: 95-1885447

Primary Activity: TO SUPPORT RESEARCH TO FIND A CURE FOR THE PREVENTION OF ARTHRITI

Legal domicile state:CA
Exempt code section:501(c)(3)

Public charity status:6

Sec. 512(b)(13) Controlled Entity: No

Name of entity: MOTION PICTURE AND TELEVISION FUND

Address of Entity: 23388 MULHOLLAND DR., WOODLAND HILLS, CA 91364

Employer ID Number: 95-1652916

Primary Activity: HOSPITAL AND PRIMARY MEDICAL CARE SERVICES

Legal domicile state:CA Exempt code section:501(c)(3)

Public charity status: 7

Sec. 512(b)(13) Controlled Entity: No