Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For the 2018 calendar year, or tax year beginning 2018, and ending . 20 Check if applicable: C Name of organization Thrive Ministry D Employer identification number Address change Doing business as 84-1457958 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change E Telephone number initial return P.O. Box 151297 (303) 985-2148 П City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Denver, CO 80215-9297 Amended return G Gross receipts \$ 1,091,814. Application pending | F Name and address of principal officer: H(a) is this a group return for subordinates? 🔲 Yes 🕱 No. Lorrie Lindgren, 8185 W Mississippi Ave, Lakewood, CO 80226 H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list, (see instructions) www.thriveministry.org H(c) Group exemption number > Form of organization: X Corporation Trust Association Other > 1998 M State of legal domicile: CO Part Summary Briefly describe the organization's mission or most significant activities: Providing resources to North American wozer in cross-cultural service. 1 Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 11 6 Total number of volunteers (estimate if necessary) 6 85 Total unrelated business revenue from Part VIII, column (C), line 12 0__ Net unrelated business taxable income from Form 990-T, line 38 0._ Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h). . . 873,894 049,108. Revenue 9 Program service revenue (Part VIII, line 2q) 35,874 42,522. Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 194 184. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 909,962. 1,091,814. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 497,769 599,186. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,030. b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 540,631 115,570. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,038,400. 714,756 19 Revenue less expenses. Subtract line 18 from line 12 . -128,438. 377,058 Beginning of Current Year Net Assets or Fund Balances End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/13/2019 Sign Signature of officer Here Lorrie Lindgren, Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check X if Kris Van Wormer 06/14/2019 Preparer self-employed P01496314 Firm's name > Van Wormer Accounting Use Only Firm's EIN ▶ 26-3535020 Firm's address ▶ 10045 W Dartmouth Ave #D112, Lakewood, CO 80227 Phone no. (303) 917-5085 May the IRS discuss this return with the preparer shown above? (see instructions) . . . X Yes No

	Page Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Providing resources to North American women in cross-cultural service.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 521,730 including grants of \$ 0 .) (Revenue \$ 0 .)
	Production of on-line publications and hosting national and
	rioddceion or on-time publicacions and nosting national and
	international retreats for North American women serving in
	international retreats for North American women serving in
	international retreats for North American women serving in cross-cultural service.
	international retreats for North American women serving in cross-cultural service.
	international retreats for North American women serving in cross-cultural service.
	international retreats for North American women serving in cross-cultural service.

4b	(Code:) (Expenses \$	including gran	ts of \$) (Revenue \$)

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	74.4					2000
4c	(Code:	) (Expenses \$	including gran	ts of \$	) (Revenue \$	)
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		*		<b>****</b>		
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	***************************************					
4d	Other program	services (Describe in Sch	edule O.)			
	(Expenses \$	including gr	ants of \$	) (Revenue \$	)	

521,730.

4e Total program service expenses ▶

	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	2	×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		×
32		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:\(\text{Ke}\sigma_{ij}\) \(\text{GRO}_{ij}\)	21		×

Part	Checklist of Required Schedules (continued)			i age
		**	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 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
đ 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		×
26	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.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		×
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		×
С	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		×
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		×
30 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30 31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	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		×
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		×
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? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		×
Part	19? Note. All Form 990 filers are required to complete Schedule O.	38		×
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
-	reportable gaming (gambling) winnings to prize winners?	1c	×	

	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•	Enter the number of ampleuses reported on Farm M.O. Turnamittel of Manager I. T.	[mg/mmmmm]	Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return  11 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1217	dudi da	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	×	W 1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-2		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3a 3b	_	×
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
	See instructions for filling 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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c	9	
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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		enter i	
	and services provided to the payor?	7a	in all	×
b	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			
	required to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7</b> f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8	1,71.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1.14	×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:		:	
а	Initiation fees and capital contributions included on Part VIII, line 12   10a		Ball.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		- 10 [ ]	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		14.	
12a	against amounts due or received from them.)	10-	Si TA	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l See
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		<del></del> .	
b	Enter the amount of reserves the organization is required to maintain by the states in which		2 55 0	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			etast g
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	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?  If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		57 X X
	If "Yes," complete Form 4720, Schedule O.	10	21,11	
		Forn	990	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b beliver sponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI.  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year.  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  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship wire any other officer, director, trustee, or key employee?  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?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members.	9 Yes No
Check if Schedule O contains a response or note to any line in this Part VI  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year.  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  Did any officer, director, trustee, or key employee have a family relationship or a business relationship wir any other officer, director, trustee, or key employee?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	9 Yes No 9 A A A A A A A A A A A A A A A A A A A
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<ul> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relationship wire any other officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under the director supervision of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> </ul>	2 × 3 ×
<ul> <li>Did the organization delegate control over management duties customarily performed by or under the direst supervision of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> </ul>	3 ×
<ul> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> </ul>	
<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> <li>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?</li> </ul>	4 X
<ul> <li>Did the organization have members or stockholders?</li> <li>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?</li> </ul>	5 ×
one or more members of the governing body?	6 ×
b Are any povernance decisions of the organization reserved to (or subject to correct to)	nt 7a ×
and an analysis of the ordering of the ordering the server of the subject to applicate by when being the server of the subject to applicate by when being the server of the subject to applicate the	s.
stockholders, or persons other than the governing body?	70 ×
8 Did the organization contemporaneously document the meetings held or written actions undertaken during	g
the year by the following:  a The governing body?	
b Each committee with authority to act on behalf of the governing body?	8a X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	8b ×
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	g y
Section B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)
10a Did the organization have local chapters, branches or affiliates?	Yes No
3	10a ×
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
2. The following property of this countries of the governing body before tilling the following	? 11a x
<ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>12a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	12a x 12b x
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	"
13 Did the organization have a written whistleblower policy?	12c x
14 Did the organization have a written document retention and destruction policy?	14 ×
Did the process for determining compensation of the following persons include a review and approval be independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	y   1   1   1   1   1   1   1   1   1
The organization's CEO, Executive Director, or top management official	15a ×
b Other officers or key employees of the organization	15b ×
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a x
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3
organization's exempt status with respect to such arrangements?	16b
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed.	
The state of the copy of the c	
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	I-T (Section 501/a)
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of if financial statements available to the public during the tax year.	5. 5.
State the name, address, and telephone number of the person who possesses the organization's books and Lorrie Lindgren, 9150 W Jewell Ave ste 102, Lakewood, CO 80232 (303)985-2	nterest policy, and

Form	990	(2018)

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Form **990** (2018)

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

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

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

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

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

Check this box if neither the organization r	or any relate	d org	aniz	atio	on c	ompe	ensa	ated any currer	nt officer, director,	or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	offici or direct	untes	Pos neck ss ps	rson	e than is both employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lorrie Lindgren CEO	40.00	×			×	×		93,600.	0.	0.
(2) Kevin Verrone COO	40.00	×			×			78,162.	0.	0.
(3) Linda Chowdry Member	0.00	×						0.	0.	0.
(4) Roger Orner Vice Chairman	0.00	×		×				0.	0.	0.
(5) Idella Kercher Treasurer	0.00	×		×				0.	0.	0.
(6) Bette Crouse Member	0.00	×						0.	0.	0.
(7)Bob Heykoop Chairman	0.00	×						0.	0.	0.
(8) Craig Shannon Secretary	0.00	×		×				0.	0.	0.
(9) Mary Dear Board Member	0.00	×						0.	0.	0.
(10)										
(11)			ı							
(12)										NAME OF THE PERSON OF THE PERS
(13)										
(14)										

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	19/11 Section A. Officers, Directors, Trus					C)	3		- I portodiod 2	linproyees (ee/n)	Thosay
	(A)	(B)	744			ition			(D)	(E)	(F)
	Name and title	Average	2.0				s than o	300000	Reportable	Reportable	Estimated
		hours per week (list any					or/trust	ee)	compensation from	compensation from	amount of
		hours for	or c	insi	Officer	6	e Hig	Former	the	related organizations	other compensation
		related	livid	ů.	Cer	61	ploy	n)ei	organization	(W-2/1099-MISC)	from the
		organizations below dotted		Institutional trustee		Key employee	Highest compensated employee	,	(W-2/1099-MISC)		organization and related
		line)	TuSt.	ŧ		yee	adıt				organizations
			8	stee			nsat				
(4 C)							90				
(15)		ļ									
(16)	1.00										
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(20)			***								
(21)											
1003									<u> </u>		9 90-447-686-447 (4 537-5344
(22)											
(00)											
(23)		****				1					
(24)					-			_			
1271					İ		ļ				
(25)											
		***************************************					İ				
1b	Sub-total							<b>B</b>	171,762.	0.	0
C	Total from continuation sheets to Part						- 17 - 12	•	1/1,/02.	<u> </u>	0.
d	Total (add lines 1b and 1c)						- 4	•	171,762.	0.	0.
2	Total number of individuals (including but	not limited	to the	ose	liste	ed a			no received mo	re than \$100 00	O of
	reportable compensation from the organization	zation 🕨									
	200										Yes No
3	Did the organization list any former off	icer, direct	or, o	r tru	ıste	e, l	кеу е	mpl	oyee, or highe	est compensate	
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ch ii	ndiv	ridu	al .				3 ×
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	ı ar	nd other comp	ensation from th	ne in in in in in in in in in in in in in
	organization and related organizations	greater tha	n \$1	50,0	000	? If	"Yes	," (	complete Sche	edule J for suc	h l
-	individual				ě	,	٠.	•			4 ×
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue co	mpen	sati	on f	ron	any	unr	elated organiza	ation or individu	process of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the
Section	on B. Independent Contractors	n res, co	этріє	ie S	CHE	eau.	e J TC	or st	ich person .		5 x
1											
•	Complete this table for your five highest compensation from the organization. Rep-	ompensate ort compon	a ina	epei	nde z +bz	nt c	contra	cto.	rs that received	d more than \$10	0,000 of
	year.	orr compen	Sally	ii lOi	THE STATE	3 UC	uenus	ti ye	ar ending with	or within the or	ganization's tax
	(A)					- 3			(B)		(0)
	Name and business addr	ess							Description of se	rvices	(C) Compensation
		2 //					-				
										**************************************	
2	Total number of independent contractor received more than \$100,000 of compensa	s (including	g but	no	t lir	nite	d to	tho	se listed abo	ve) who	1 1980 - 10
	recover mare than \$100 000 of	4: £ al.			4 * -	le.					

Part VIII		Statement of Revenue								
Manage Control		Check if Schedule O contains a response or note	to any line in this	s Part VIII		П				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
Contributions, Giffs, Grants and Other Similar Amounts	1a b	Federated campaigns 1a  Membership dues . , 1b								
s, G	c	Fundraising events 1c								
ar A	d	Related organizations 1d		12 (12) 184 (Bodi.JE)						
s, C	e	Government grants (contributions) 1e	1	die de la						
5 2	f	All other contributions, gifts, grants,								
but		and similar amounts not included above 1f 1,049,108.								
E 0	g	Noncash contributions included in lines 1a–1f: S			hiri ufulb					
a Co	h	Total. Add lines 1a-1f	1,049,108.							
		Business Code								
Program Service Revenue	2a									
0	b									
/ice	С									
Ser	d									
E	е									
g	f	All other program service revenue.	42,522.	42,522.	0.	0.				
<u> </u>	g	Total. Add lines 2a-2f	42,522.	ta ta a sa a sa a sa a sa a sa a sa a s						
	3	Investment income (including dividends, interest,			Meconomic and the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population of the population o					
	(4.84%.)	and other similar amounts)	184.	184.	0.	0.				
	4	Income from investment of tax-exempt bond proceeds								
	5	Royalties								
		(i) Real (ii) Personal		4						
	6a	Gross rents		in Marke (2017)						
	b	Less: rental expenses								
	C	Rental income or (loss)		The system and						
	d	Net rental income or (loss)								
	7a	Gross amount from sales of (i) Securities (ii) Other								
		assets other than inventory								
	b	Less: cost or other basis								
		and sales expenses .								
	C	Gain or (loss)								
	d	Net gain or (loss)								
venue	8a	Gross income from fundraising events (not including \$								
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a								
OĦ		Less: direct expenses b								
		Net income or (loss) from fundraising events . •								
	9a	Gross income from garning activities.	lar dás							
		See Part IV, line 19 a								
	b	Less: direct expenses b								
	C	Net income or (loss) from gaming activities								
	ıua	Gross sales of inventory, less returns and allowances a								
	h									
	b	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶			der Pitte					
	11a	Miscellaneous Revenue Business Code		a Salbum C. safett 1		the of sales				
	b									
	C	All athousands			v					
ĺ	d	All other revenue								
ļ	e 12	Total Add lines 11a-11d	1.091.814	42 706	<u> </u>	Ž				

Part X Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon		line in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				oxpaniess
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	171,762.	135,866.	12,496.	23,400.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	308,503.	228,725.	27,778.	52,000.
9	Other employee benefits	26,185.	10,585.	12,000.	3,600.
10	Payroll taxes	92,736.		12,000.	
11	Fees for services (non-employees):	33,130.	00,730.	12,000.	12,000.
а	Management				
b	Legal				
C	Accounting	5 000			
d		5,939.	1,431.	3,170.	1,338.
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)			or accused to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	250 (FIX 2019) 970 F X
12	Advertising and promotion	22,973.	22,973.	0.	0.
13	Office expenses	5,620.	4,327.	451.	842.
14	Information technology	5,912.	5,912.	0.	0.
15	Royalties				
16	Occupancy	26,077.	20,079.	2,086.	3,912.
17	Travel	7,944.	6,117.	636.	1,191.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		9,12,.	030.	1,151.
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	4,530.	3,488.	362.	600
24	Other expenses. Itemize expenses not covered		2,100.	302.	680.
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank& cc fees	2.060	3 506		
b	Event Expenses	2,060.	1,586.	165.	309.
C	Equipment	16,058.	0.	0.	16,058.
d	Utilities	6,556.	5,047.	525.	984.
		4,488.	3,456.	359.	673.
e nc	All other expenses	7,413.	3,402.	2,968.	1,043.
25 26	Total functional expenses. Add lines 1 through 24e	714,756.	521,730.	74,996.	118,030.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)		77		

2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts roceivable, net 4 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 4956)(III), persons described in section 4956(III), and contributing employees and soonsoning organizations of section 501(III) valuating employees and soonsoning organizations (see instructions). Complete Part II of Schedule L 7 Notes and foars receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 10b 11c Investments—publicly traded securities 11 11 12 Investments—propriam-rotated. See Part IV, line 11 12 Investments—publicly traded securities 12 Investments—program-rotated. See Part IV, line 11 12 Investments—publicly seems 11 11 12 Investments—publicly seems 11 11 12 Investments—publicly traded securities 11 11 12 Investments—publicly traded securities 11 11 12 Investments—publicly traded securities 11 11 12 Investments—program-rotated. See Part IV, line 11 11 12 Investments—program-rotated see Part IV, line 11 11 12 Investments—program-rotated see Part IV, line 11 11 12 Investments—program-rotated see Part IV, line 11 15 15 16 17 18 Investments—program-rotated see Part IV, line 11 15 15 16 17 18 Investments—program-rotated see Part IV of Schedule D 20 12 Investments—program-rotated see Part IV of Schedule D 21 2 Investments—program-rotated see Part IV of Schedule D 22 Investments and other payables to unrelated third parties 22 Loans and other payables to unrelated third parties 22 Loans and other payables to unrelated third parties 22 Loans and other payables to unrelated third parties 24 Unsecured mortages and notes payable to unrelated third parties 24 Unsecured mortages and notes payable		art X				······································
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13 Investments—program-related. See Part IV, line 11		11			11	
14 Intangible assets		12			12	
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17 Accounts payable and accrued expenses		15	Other assets. See Part IV, line 11		15	
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Organizations that follow SEAS 117 (ASC 958) check here > X and	55,500,000,000	26	Total liabilities. Add lines 17 through 25			W-744
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets			A			Programa o governo.
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28 Temporarily restricted net assets	an	27			27	e franklika sa babbila s
Permanently restricted net assets	Bal	28				
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Þ	29	Permanently restricted net assets			
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
2 30 Capital stock or trust principal, or current funds	orl					
31 Paid-in or capital surplus or land building or equipment fund	ts	30	Capital stock or trust principal, or current funds	F. Mallana	30	r sandana P.S.E.C
MIST TEND IN GEOGRAPHICS, OF RAND, DUNDING, OF EQUIDITIES LIGHT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds . 32	A	32				
33 Total net assets or fund balances	Vet	33	Total net assets or fund balances			
34 Total liabilities and net assets/fund balances						

rm 99	90 (2018)			P:	ige <b>12</b>
	X Reconciliation of Net Assets				90
2000000000	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,7	2000 manus - 10
3	Revenue less expenses. Subtract line 2 from line 1	3		77,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			0.000
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	77,0	158.
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		• •	100000000	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," exp	lain i	n	Yes	No
	Schedule O.				11,1,1,1
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 compreviewed on a separate basis, consolidated basis, or both:	iled c	or I		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	no b	, 14 (44)		
	Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain i	n		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	orth i	n . 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.

Form **990** (2018)

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

Department of the Treasury Internal Revenue Service

(E) Total **Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ,

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Thrive Ministry 84-1457958 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, e functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

Par	Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked t	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to au	alify under
	Part III. If the organization fails t	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	Т	1				
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		i				
	membership fees received. (Do not include any "unusual grants.")						
•	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	715,278.	1,163,091.	910,835.	909,962.	1,091,814.	4,790,980
2	Tax revenues levied for the organization's benefit and either paid					68 88	
	to or expended on its behalf			Ţ			
3	The value of services or facilities		1000	-		8	
	furnished by a governmental unit to the						1
	organization without charge						
4	Total. Add lines 1 through 3	715,278.	1,163,091.	910,835.	909.962.	1,091,814.	4 790 980
5	The portion of total contributions by						1,730,300
₹ <del>5</del> 6	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
<u>_</u>	shown on line 11, column (f)						
6 Saati	Public support, Subtract line 5 from line 4		in man d				4,790,980.
	ion B. Total Support Idar year (or fiscal year beginning in)	(-) 001 4	(h.) 004E	4.3.0040	40.0045		1
7	Amounts from line 4	(a) 2014	<b>(b)</b> 2015 1,163,091.	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends,	715,278.	1,163,091.	910,835.	909,962.	1,091,814.	4,790,980.
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business				· ·	-	
	activities, whether or not the business						
	is regularly carried on	88					
10	Other income. Do not include gain or						
	loss from the sale of capital assets			8			
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,790,980.
12 13	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re organization	is nist, secon	a, mira, tourtn	, or ππn tax y	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppo	rt Percentan	<u></u>	<u> </u>	· · · · ·	<u> </u>	
14	Public support percentage for 2018 (line			1 column (fl)		14	100%
15	Public support percentage from 2017 Sci		_			15	100 %
16a	331/3% support test-2018. If the organ			k on line 13, ar	id line 14 is 33		check this
	box and stop here. The organization qua	ılifies as a publ	icly supported	organization			▶ 🛚
b	331/3% support test-2017. If the organi	ization did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test-2	<b>018.</b> If the orga	anization did n	ot check a box	c on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	zation qualifies	s as a publicly	supported
	organization						▶ □
ь	10%-facts-and-circumstances test—2	<b>017.</b> If the org	anization did r	ot check a bo	x on line 13, 1	6a, 16b, or 17	'a, and line
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances'	test, check	this box and	stop here.
	Explain in Part VI how the organization r supported organization		ts-and-circums		i ne organizati	on qualities as	a publicly
18	Private foundation. If the organization di				or 17h aba-		
	instructions	o not onder a	POV OIL HITE TO	, 10a, 10b, 17a	, or tro, chec	DHS XUU eiiu z	>CC

# 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	on A. Public Support	,	oto notou boi	ou, picuse of	ompiete i ait	11.)	· · · · · · · · · · · · · · · · · · ·
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						1.7
	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						
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513					]	
4	Tax revenues levied for the	2 OL "	b - 0 - 0				
	organization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						•
7a	Amounts included on lines 1, 2, and 3				(I)		
	received from disqualified persons .				0.00		
b	Amounts included on lines 2 and 3	2 12 170					
	received from other than disqualified				-		
	persons that exceed the greater of \$5,000				]		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
ь	Unrelated business taxable income (less		*****	-			
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		-		***		
3.05	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or			_	<u> </u>	-	<u> </u>
_	loss from the sale of capital assets						
	(Explain in Part VI.)					[	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				,		
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop he					• • •	
Secti	on C. Computation of Public Suppor	rt Percentag	e			10 No. 10	
15	Public support percentage for 2018 (line to	B, column (f), d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2017 Sci	nedule A, Part	III, line 15			16	%
	on D. Computation of Investment In						- 10 m
17	Investment income percentage for 2018 (					17	%
18	Investment income percentage from 2017					18	%
19a	331/3% support tests—2018. If the organ	ization did not	check the box	c on line 14, ar	nd line 15 is m	iore than 331/39	and line
-	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2017. If the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organizati	ration did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
00	line 18 is not more than 331/3%, check this i						
20	Private foundation. If the organization di	d not check a	hox or line 14	19a or 19h c	heck this hav	and con inetrice	tions -

#### 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 governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations	110		_
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	14.5	.03	110
5.	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	B		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	pi aud		
	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		507700	-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
*	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
C		1	Ĺ	Ĺ
Secu	on D. All Type III Supporting Organizations			
120	DOTAL CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	11111	N 100 10	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	0.5	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Little to the
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	Traingre	1 11 11
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	_		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box port to the method that the experiencian weed to attribute by the later of D. T. A. L. L. L. L. L. L. L. L. L. L. L. L. L.			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstrue	ctions	5).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	Marcollo de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de l	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	4.15.1		
	that these activities constituted substantially all of its activities.	2-	ij	
b	·	2a	, A. 4	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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 <b>Part VI</b> the role played by the organization in this regard.	3b	es e Teles	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	, ago (	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tr	ust on Nov. 20, 1970 (expla	n in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	ns A through E.	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
<b>b</b> Average monthly cash balances	11.			
c Fair market value of other non-exempt-use assets	10			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión		
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C—Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functional	ly ir	ntegrated Type III supporting	g organization (see	

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Sec	tion D—Distributions	7		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2			orted	
3	Administrative expenses paid to accomplish exempt pur	poses of supported ara	anizations	-
4	Amounts paid to acquire exempt-use assets	process, copported big	unization3	
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.		<del></del>	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<del></del>	
	and a mount divided by into a unrount	1	(6)	
Sect	tion 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	The second second		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018		7 (FE ) A 10 NA1	
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017	With the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		7	
4	Distributions for 2018 from	Alexan Complete Halla		
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	Andrew Manner Manner		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
6	greater than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:	n i see lager i skiji .		
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
	Excess from 2018		1999	

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