Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

A	For the	2018 calen	dar year, or tax year beginning Jan	uary 1 , 20	18, and ending	THE RESERVE OF THE PERSON NAMED IN	THE PERSON NAMED IN COLUMN	, 20 18			
В	Check if	applicable: 0	Name of organization Friends of Burma, Inc.				D Employ	er identification n	umber		
	Address		Doing business as					20-557: 2384			
	Name cl		Number and street (or P.O. box if mail is not delive	ered to street address)	Room/sui	te	E Telepho	one number			
	Initial ref		48 Home Ave					260-745-3658			
		-	City or town, state or province, country, and ZIP of	r foreign postal code							
H		return/terminated City or town, state or province, country, and ZIP or loteign postal code Fort Wayne, IN 46807 G Gross receipts \$									
H		- Date	Name and address of principal officer: Neil So	wards		H(a) Is this a gro	oup return for	r subordinates? Yes	No		
	Applicat		48 Home Ave Fort Wayne, IN 46807					es included? Yes			
-	7			sert no.) 4947(a)(1)	or 527	If "No	," attach	a list. (see instruction	ons)		
1		mpt status:		331(10.)	0,	H(c) Group	exemption	n number >			
1	Website		Sofburma.org Corporation Trust Association Other	ar b	L Year of format			e of legal domicile:	IN		
K				4 -							
II.	art I	Summa	cribe the organization's mission or mos	t cignificant activi	tios: To helr	the people of	of Burma	a(Myanmar)thro	ugh		
	1	Briefly des	cribe the organization's mission of mos	Classica at dest	nes. To help	haalthaara	hocnital	le and clinics	.3		
Governance		Relief, sup	port of orphans, bible schools, seminaries	s, libraries, student	scholarships	, nealthcare,	поѕрна	is and chines			
nar				111		of move then	0E0/ of	f its not accots			
ver	2	Check this	box ▶☐ if the organization discontinu	ed its operations	or aisposea o	or more than		l its riet assets.	40		
Go	3	Number o	voting members of the governing body	(Part VI, line 1a)			3	-	16		
	4	Number o	independent voting members of the go	overning body (Pa	rt VI, line 1b)		4		16		
Activities &	5	Total num	per of individuals employed in calendar	year 2018 (Part V	, line 2a) .		5		1		
E	6	Total num	per of volunteers (estimate if necessary)				6		20		
Aci	7a	Total unre	ated business revenue from Part VIII, co	olumn (C), line 12			7a				
	b	Net unrela	ted business taxable income from Form	990-T, line 38			7b				
						Prior Ye	ar	Current Y	ear		
	8	Contributi	ons and grants (Part VIII, line 1h)				260904	4	263124		
nue	9										
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4				6				
Re	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8d	c. 9c, 10c, and 11	e) [1928	В	11800		
	12	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						В	274930		
-	13	Grante an	d similar amounts paid (Part IX, column	(A), lines 1-3).			215042	2	262661		
		Denefite r	aid to or for members (Part IX, column ((A) line (A)							
	14	Benefits p	ther compensation, employee benefits (Pa	art IX column (A) I	ines 5–10)	TO USE OF THE	3500	0	3500		
es	15	Salaries, C	nal fundraising fees (Part IX, column (A),	line 11e)							
ens	16a	Professio	nai fundraising lees (Fart IX, Column (A),	25)	2353			THE PERSON NAMED IN COLUMN TWO			
Expenses	b	lotal tuno	raising expenses (Part IX, column (D), li	d 11f 2/0		CONTRACTOR OF STREET	4040	CHINASANT SIESE TISANIA SC	2035		
ш	11	Other exp	enses (Part IX, column (A), lines 11a-11	U, 111-246) .	25)		2353		268196		
	18	Total exp	enses. Add lines 13-17 (must equal Part	IX, COIUITITI (A), III	ie 25) .				6734		
	19	Revenue	ess expenses. Subtract line 18 from line	912		Beginning of Cu	4194:				
Net Assets or	6					beginning of Co	Salving and the				
sets	20		ts (Part X, line 16)				8413		97548		
AS	21		ities (Part X, line 26)					0	0		
S.	22	Net asset	or fund balances. Subtract line 21 from	n line 20			8413	5	97548		
D	art II	Signat	ire Block								
U	nder pen	alties of perjui	, I declare that I have examined this return, includ	ing accompanying sch	edules and state	ments, and to t	he best of	f my knowledge an	d beliet, it is		
tri	ue, corre	ct, and comple	te. Declaration of preparer (other than officer) is ba	sed on all information	or which prepare	rias any know	euge.	10			
		1	auchill Kind				5/1/	19			
Si	gn	Signa	ture of officer	-		Da	te '				
	ere	I A	lichola Kessler	- I reas	surer						
		Type	or print name and title				The state of the s	1			
_	-		e preparer's name Preparer's s	ignature	Di	ate	Check	T If PTIN			
Pa	aid							mployed			
PI	repar					Firm	n's EIN ▶				
U	se On						ne no.				
-		Firm's a	dress >	wo2 (see instructi	ons)) Pric	110 110.	TY6	s No		
Ma	ay the I	RS discuss	this return with the preparer shown about	over (see instructi	0113)				990 (2018)		

Part	
-	Check if Schedule O contains a response or note to any line in this Part III
1	To help the people of Burma(Myanmar)through Relief, support of orphans, bible schools, seminaries, libraries, student
	scholarships, healthcare, hospitals and clinics
100	
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 \$ 77665 including grants of \$ 77665) (Revenue \$)
	Grants for the support of and supplies for various bible colleges, bible schools, and theological seminaries in Myanmar. The schools
	Chin Bible School, Doneyin Bible School, Karen Bible School, KBTS Seminary, Myanmar Institute of Theology, KKB Bible school,
	Pokey Bible School, PWO Karen Bible School and Seminary and Shan State Seminary and bible school
4b	(Code:) (Expenses \$ 51196 including grants of \$ 51196) (Revenue \$)
	Grants for the care of orphans in Myanmar. The grants went to the following orphanages; Chit Myit Tar, Myit Tar Yeit, pu Sain Htwa Aung,
	Pu Thu Thu, Pu Mooler, Pu Saw Bu, Paradise, New Eden, Htee Moo Htaw Ber
4c	(Code:) (Expenses \$ 42915 including grants of \$ 42915) (Revenue \$)
	Grants for the support of and supplies for various Clinics, hospitals, healthcare, education and staff of the following:KBC Clinic,
	Matthew 25 Love Clinic, MYO Clinic, Bago Yoma Clinic, Ywama Clinic, Insein Clinic
4d	Other program services (Describe in Schedule O.)
-vu	(Expenses \$ 44275 including grants of \$ 44275) (Revenue \$)
4e	Total program service expenses ▶ 216051

Part	Checklist of Required Schedules	- 1	W	NI-
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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.	0		
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		1
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12a	Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	,	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
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	1	
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	1	
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	1	
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
		Forr	n 990	(2018

art	Checklist of Required Schedules (continued)		Yes	No
	to and the evolutions to as for demostic individuals on		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			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	1	
04-	Did the examination have a tay-exempt hand issue with an outstanding principal amount of more than			
24a	6100 000 as of the last day of the year that was issued after December 31, 2002? If "Yes," answer lines 240			1
	through 24d and complete Schedule K. If "No." go to line 25a	24a 24b		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		*
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	to defease any tax-exempt bonds?	24d		1
d	Section 501(c)(2) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
00	Bit II a report any amount on Part X line 5 6 or 22 for receivables from or payables to any			
26	or former officers directors trustees key employees, nignest compensated employees, or	00		1
	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		1
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Port IV instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		1
	Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	1
00	and the contributions? If "Ves." complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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		1
	complete Schedule N, Part II			
33	1 201 7701 2 and 201 7701-32 If "Yes " complete Schedule H. Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		1
	or IV, and Part V, line 1	35a		1
35a	lf "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Scriedule A, Part V, Illie 2.	35b	-	1
36	Section 501(a)(3) organizations. Did the organization make any transfers to an exempt non-chantable	36		1
	related organization? If "Yes," complete Schedule R, Part V, line 2	-		1
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule A, Fart VI	01		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	1	
	19? Note. All Form 990 filers are required to complete Schedule O.	00		
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			.
	Check if Schedule O contains a response of hote to any line in this 7 art 7	1	Yes	N
4.	Enter the number reported in Box 3 of Form 109b, Enter -0- II not applicable	0		
12	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	,	1
	reportable gaming (gambling) winnings to prize winners?	10	√ m 99	0 /0

art	Statements Regarding Other IRS Fillings and Tax Compliance (committee)		Yes	No
•	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		res	NO
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	EL HE
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		√
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	CC MARKET	✓
b	If "Vos." enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V_
C	If "Ves" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	O.L.		1
	giffs were not tax deductible?	6b	5000040	ALL DEL
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	TO SALES	1
	and services provided to the payor?	7a		1
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	7-		1
	required to file Form 8282?	7c	and the	W CONTRACT
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1000	· -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0	Balling.	,
	sponsoring organization have excess business holdings at any time during the year?	8	PITTE.	1
9	Sponsoring organizations maintaining donor advised funds.	0-	200	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	you la	V
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			200
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members of shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
		12a	MARKAGA	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? [6 #Ves " enter the amount of tax-exempt interest received or accrued during the year	N. J.		
b	If Yes, effer the amount of tax-exempt interest received of account of tax-exempt interest received of tax-exempt interest r			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	MANOTES !	1
а	Is the organization licensed to issue qualified health plans in more than one state?	100	100000	The same of
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified reality plants	1		
С	Enter the amount of reserves of fiding	14a		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	140	-	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45	1	1
	excess parachute payment(s) during the year?	15	9 1655222	September 1
	If "Yes," see instructions and file Form 4720, Schedule N.	100	TO STATE OF THE PARTY OF THE PA	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.		00	0 (2018

Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management		• •		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on A. deverning body and management			Yes	No
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.	1a 16			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		V
6	Did the organization have members or stockholders?		6	- 10	1
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		/
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	√	
b	Each committee with authority to act on behalf of the governing body?		8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C.)	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co		Ma
	Street of the Landschool of the Control of the Cont		10a	Yes	No /
10a	Did the organization have local chapters, branches, or affiliates?	f nuch chapters	Iua		· ·
р	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.	nt nurnoses?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	re rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done.	policy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13		1
14	Did the organization have a written document retention and destruction policy?		14		1
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		V
b	Other officers or key employees of the organization		15b	✓	
16a	with a taxable entity during the year?		16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
A STATE OF THE PARTY OF THE PAR	on C. Disclosure			-	-
17	List the states with which a copy of this Form 990 is required to be filed Indiana.		- 10		-04(-)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that of Own website Another's website Upon request Other (explain in Sci	it apply. hedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				, and
20	State the name, address, and telephone number of the person who possesses the organization Neil Sowards 548 HOme Ave Fort wayne, IN 46807 (266) 745-3659	on's books and re	cords		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per						an ee)		(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Neil Sowards President	20			1				0	0	0
(2) Judy Lundy Vice President	1			1				0	0	0
(3) Diana Sowards Secretary	17			1				. 0	0	0
(4) Michele Kessler Treasurer	11			1				0	0	0
(5) John Peterson	11							0	0	0
(6) May Pearl Cartes								0	0	0
(7) Adam Maung	1							0	0	0
(8) Tansy Kadoe	1-7							0	0	0
(9) John Gravley	11							0	0	0
(10) Htaw Htoo								00	0	0
(11) Sung Cer								0	0	0
(12) Show EiEl Turi	11							0	0	0
(13) May Hmun	11							0	0	0
(14) Lwin Moe								0	0	0

(A) Name and title		(B) Average hours per week (list any	rerage box, unless person is both an officer and a director/trustee) compensation from					(E) Reportable compensation from related		(F Estimamou oth	ated int of					
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from organi and re	zation			
(15) P	hil Schock	11							0					0		
(16) A	nna Maung	1	11							0					0	
(17) R	uss Kadoe	18				1	1	1	1		3500					0
(18)					100								lise in			
(19)													À			
(20)																
(21)																
(22)														1000		
(23)																
(24)																
(25)																
1b	Sub-total							>	350	0	0			0		
C	Total from continuation sheets to Par	t VII, Secti	on A					-		0	0	35.0		0		
d	Total (add lines 1b and 1c) Total number of individuals (including be reportable compensation from the organ	ut not limite	ed to t	hose	e lis	ted	abov	re) v	who received n			f	Yes	No		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	officer, dire	ctor,	or t	rus	tee,	key lual	em	ployee, or hig	hest compensa	ted .	3	res	/		
4	E individual listed on line to is th	ne sum of r	enorta	able	COL	mpe	ensati	on .	and other com	pensation from	the					
	organization and related organizations					*						4	20000	1		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or indivi- for services rendered to the organization? If "Yes," complete Schedule J for such person								lual	5		1					
Secti	on B Independent Contractors											100 0				
1	Complete this table for your five highes compensation from the organization. Revear.	t compensa eport comp	ated in ensat	ion 1	for	den the	t cont calen	dar	year ending w	ith or within the	orga	nizati	on's t	ax		
-	(A) Name and business a	ddress							(B) Description of	services	. Co	(C) empens	sation			
								-								
2	Total number of independent contract	tors (includ	ding b	out 1	not	lim	ited	to	those listed a	bove) who						
2	received more than \$100,000 of compet	nsation fron	n the	orga	niza	ation	1				1985		000	Food 5-		

	Check if Schedule O contains		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ន្ទ 1a	Federated campaigns	1a				
n b	Membership dues	1b				
E C	Fundraising events	1c				
b ar	Related organizations	1d				
е	Government grants (contributions)	1e				
and Other Similar Amounts a b c d e f b b	All other contributions, gifts, grants, and similar amounts not included above	1f 263124				
o g	Noncash contributions included in lines 1a	-1f:\$				
h a	Total. Add lines 1a-1f		263124			
		Business Code		Maria de Arios		
2a						
b						
C				No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa		
d						
е						
2a b c d e f g	All other program service reven		- 10	AND TO PERSON AND THE PROPERTY OF		a salabina di cancera
g			0	TRAINING CONTRACT		CONTRACTOR OF THE PARTY OF THE
3	Investment income (including	dividends, interest,				
	and other similar amounts) .		6			
4	Income from investment of tax-exe		0			-
5	Royalties		0			
	(i) Hea	il (ii) Personal		in the second		
6a						
b						
C				AND THE PARTY OF THE PARTY		38 SQUARSONALSON XXXII 1 10.0 E
d	(0.0	ties (ii) Other	0		A STATE OF THE STA	
7a	Gross amount from sales of assets other than inventory (i) Securi	ties (ii) Other				
b	Less: cost or other basis and sales expenses .					
c	Gain or (loss)					· · · · · · · · · · · · · · · · · · ·
d	Net gain or (loss)	<u> </u>	0			
8a						
8a	events (not including \$ of contributions reported on line	10)				
	See Part IV, line 18	· a				
		. b aising events . ▶			distribution de la company de la company de la company de la company de la company de	AND RESIDENCE OF THE PARTY OF T
9a	Net income or (loss) from fundr Gross income from gaming activ See Part IV, line 19	vities.	V			
b	titi	ng activities >	0	Service of the servic		
100	Gross sales of inventory,	less				
	returns and allowances	· a				
b		of inventory ▶			SNIT DE COMEZ DE COLORDO CON DO CO	
C	1 1	Business Code	0			
	Miscellaneous Revenue		44000	COLTO-EX PROCESSOR		
11a		900099	11800			
b						
0						
C						
e			11800			
12	Total revenue. See instruction	S	274930			The second second second second

Part IX	Statement of Functional Expenses	-
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Canths and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1700 1700 1700 1700 1700 1700 1700 1		Check if Schedule O contains a respon	nse or note to any li	ine in this Part IX		
and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic individuals. See Part IV, line 17 in Person of services (not individuals). See Part IV, line 15 and 16 . Benefits paid to or for members . Compensation on tincluded above, to disqualified persons (as defined under section 4956)(3)(3) Other salaries and contributions (include section 4016) and persons described in section 4956(3)(3) Person plan accruals and contributions (include section 4016) and 4030) and persons described in section 4956(3)(3) Other salaries and wages . Person plan accruals and contributions (include section 4016) and 4030) amployer contributions (include section 4016) and 4030) and persons described (include accrument and approach and accrument accrument and accrument and accrument accrument and accrument accru	Do n 8b, 9	or include amounts reported on lines ob, 7b,	(A)	Program service	(C) Management and	(D) Fundraising
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, line 15 and 16 4 Benefits paid to or for members 5 Compensation or current officers, directors, trustees, and key employees 7 Compensation or current officers, directors, trustees, and key employees 8 Persons (as defined under section 4958(6)(1)) and persons described in section 4958(6)(3): 9 Pension plan accurals and contributions (include section 401(i)) and 40(i)) employer contributions (section 401(i)) and 40(i)) employer contributions (section 401(i)) and 40(i)) employer contributions (include section 401(i)) and 40(i)) employer contributions (include section 401(ii)) and 40(iii) employer contributions (include section 401(ii)) and 40(iii) employer contributions (include section 401(iii)) and 40(iii) employer contributions (include section 401(iii) employer contributions (include section 401(iii)) and 40(iii) employer contributions (include section 401(iii) employer (iii) employer (iiii) employer (iii) employer (iii) employer	1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1700			expenses
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . Benefits paid to or for members	2	Grants and other assistance to domestic	1700	170	U	
5 Compensation of current officers, directors, trustees, and key employees	3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	260961	26096	1	
6 Compensation not included above, to disqualified persons das defined under section 4958(p(1)) and persons described in section 4958(p(3)(B)) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes Pess for services (non-employees): a Management Legal c Accounting d Lobbying - Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 17g expenses on Schedule O.) Advertising and promotion Office expenses Poyalties Cocupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (lust miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 19g expenses on Schedule O.) a b C		Compensation of current officers, directors, trustees, and key employees	3500	350	0	
8 Pensión plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes. 11 Fees for services (non-employees): a Management b Legal	6	persons (as defined under section 4958(f)(1)) and				
Payroll taxes Fees for services (non-employees): a Management b Legal c Accounting d 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.) Advertising and promotion Office expenses lnformation technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b C d		Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
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15 Royalties			2035		2035	
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21 Payments to affiliates						
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b c d						
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Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b c d						
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line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b c d	24					
(A) amount, list line 24e expenses on Schedule O.) a b c d		line 24e amount exceeds 10% of line 25 column				
a b c d						
b c d	2				ALL BASILITY CONTRACTOR OF THE SECOND	
cd						
d						
	-					
a vill and avballage	2002	All other expenses				
25 Total functional expenses. Add lines 1 through 24e 268196 265161	25	All other expenses Total functional expenses. Add lines 1 through 24e	20100	000464		
26 Joint costs. Complete this line only if the	26	Joint costs. Complete this line only if the	268196	266161	2035	
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)		organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				

Form 990 (2018)

	art X	Check if Schedule O contains a response or note to any line in this Par	+ ∨		
-		Check if Schedule O contains a response or note to any line in this Par	(A)	-	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	84129	1	97542
	2	Savings and temporary cash investments	6	2	6
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	3 4 8	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
A	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		3	
	10a	other basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	MARCHINA MEAD IN PROPERTY	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	84135		97548
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ	1	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Liabilities				23	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third		21	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			V.
	1	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ses		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
or		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	077.0
Ne	33	Total net assets or fund balances	84135		97548
	34	Total liabilities and net assets/fund balances	84135	34	97548

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1			74930
2	Total expenses (must equal Part IX, column (A), line 25)	2	26819		
3	Revenue less expenses. Subtract line 2 from line 1	3			6734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			84135
5	Net unrealized gains (losses) on investments	5			01100
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			6679
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				00,0
	001 /D\\	10			97548
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other				26 F 17
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	RESIDENCE TO THE	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compil				
	reviewed on a separate basis, consolidated basis, or both:	.00 01			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1000		
b	Were the organization's financial statements audited by an independent accountant?		2b	Specific Company	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	175.00		NEO TO
	separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	reight	表面面形面	NUMERO CONTRACTOR	
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, expl		20	WE SER	70
	Schedule O.	all III			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	Borceses	COVER !	
	the Single Audit Act and OMB Circular A-133?	A LI I II I	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	Ja		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	dits	3b		
	, a planting and a second any exoportation to undergo such add	110.		990	(201 P)
			FOIT	.000	(2010)