Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. ax year beginning JUL 1, 2018 and ending JUN 30,

Open to Public Inspection

A	For the	2018 calendar year, or tax year beginning $$	<u>J</u> UN 30, 2019	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	FOOD RECOVERY NETWORK INC.		
L	Name change	Doing business as	45-3	836775
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 4321 HARTWICK ROAD, SUITE 316	uite E Telephone numbe	
	termin ated		G Gross receipts \$	763,427.
	Ameno		H(a) Is this a group re	
	Applic	F Name and address of principal officer:REGINA ANDERSON	for subordinates	
	pendir	9 $ $ 1100 H STREET NW $\#520$, WASHINGTON, DC 200	05 H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or		list. (see instructions)
		e: ▶ WWW.FOODRECOVERYNETWORK.ORG	H(c) Group exemption	n number 🕨
			ear of formation: 2011 $ m extsf{ iny N}$	∧ State of legal domicile: M D
P		Summary		
ě	1	Briefly describe the organization's mission or most significant activities: FOOD REC	OVERY NETWORK	UNITES
anc		STUDENTS ON COLLEGE CAMPUSES TO FIGHT FOOD \overline{W}		
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of n	ı	
õ	1	Number of voting members of the governing body (Part VI, line 1a)		13
જ		Number of independent voting members of the governing body (Part VI, line 1b)		13 15
ties		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		15826
ξi	6	Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38		0.
	+ 6	Net differated busiliess taxable income from Porm 990-1, life 30	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	674,452.	753,601.
Revenue		Program service revenue (Part VIII, line 2g)	34,716.	6,455.
e e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1.	43.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,110.	-927.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	715,279.	759,172.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,858.	5,032.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	281,288.	401,375.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	66,225.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 106,372.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	165,133.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	488,279.	613,541.
. (/	19	Revenue less expenses. Subtract line 18 from line 12	227,000.	145,631.
Net Assets or			Beginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	423,917.	596,321.
let A	21	Total liabilities (Part X, line 26)	423,917.	26,773. 569,548.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	423,317.	309,340.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	y Kilowiougo alla bollol, it io
	,	Name India	, 76/5/2020	
Sig	ın	Signature of officer	Date	
He		REGINA ANDERSON, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	JACQUELINE M. REARDON, CP Jacqueline W. Reardon	z 06/04/20 self-employ	
Pre	parer	Firm's name ROSEN, SAPPERSTEIN & FRIEDLANDER, L	LC Firm's EIN ▶	47-5153865
Use	Only	Firm's address 405 YORK ROAD	_	
		TOWSON, MD 21204	Phone no. (4	
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form	1 990 (2018) FOOD RECOVERY NETWORK INC.	45-3836775 Page 2
_	rt III 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:	
•	FOOD RECOVERY NETWORK UNITES STUDENTS ON COLLEGE AND UNI	VERSITY
	CAMPUSES TO FIGHT FOOD WASTE AND FEED PEOPLE BY RECOVERI	
	FOOD THAT WOULD OTHERWISE GO TO WASTE FROM THEIR CAMPUSE	
	SURROUNDING COMMUNITIES AND DONATING IT TO PEOPLE IN NEE	
		<u>. </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes 🔼 No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported.	
4a	416 505 17 500	5,272.)
	THE FOOD RECOVERY NETWORK, INC. CONTINUED TO EXPAND ITS	PROGRAM
	SERVICES. FOOD RECOVERY NETWORK REACHED THREE MILLION PO	
	FOOD RECOVERED AND EXPANDED PROGRAMS LIKE REGIONAL OUTRE	
	COORDINATORS, MOVE OUT FOR HUNGER AND OUR ALUMNI PROGRAM	
	COOKDINATORD, MOVE OUT FOR HONGER AND OUR ADDING TROGRAM	•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	· \$
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$
		,
4d	Other program services (Describe in Schedule O.)	
-t u		1
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 416,525.	
<u>4e</u>	Total program service expenses ► 416,525.	
		Form 990 (2018)

Part IV 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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
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		Х
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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	10		
•••	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		Х
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		Х
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		+
~	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		Х
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		Х
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		X
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	17	Х	
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	ا ہم ا		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	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 current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
24	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			"
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2018)

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Form 990 (2018) FOOD RECOVERY NETWORK INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 15 Section 1					Yes	No
b If a least one is reported on line 2a, did the organization life all required feeral employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated obusiness gross income of \$1,000 or more during the year? 3a A 2 X b If Yes, * has it field a Form 990-T for this year? If * No* to fine 3b, provide an explanation in Schedule O 3b A 3d any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a A 1 any time the hanne of the foreign country. 5b If Yes, * inter the name of the foreign country. 5c If Yes * to limp a country (such as a bank account, securities account, or other financial account?) 5c If Yes * to limp a country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c If Yes * to limp a country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c If Yes * to limp a country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c If Yes * to limp a country (such as a bank account, securities and provided to the such as a country of the organization than the value of the group of the tax year? 5c If Yes * to limp a country of the organization than it was or is a party to a prohibited tax shelter transaction? 5c If Yes * to limp a country of the organization the organization than accountry of the organization accountry of the organization than accountry is officially an express statement that such contributions orgits 6c If Yes * to did the organization than accountry solicitation an express statement that such contributions or grits 6c If Yes * to did the organization include dwith were solicitation an express statement that such contributions or grits 6c If Yes * to did the organization include dwith the value of the good of a services provided? 6c If Yes * to did the organization than accountry to the country of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 4 at Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; sourced in or other financial account)? 4 a X x intended an account in a foreign country (such as a bank account; sourced in or other financial account)? 4 a X x intended an account in a foreign country (such as a bank account; sourced in or other financial account)? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductibles as charitable contributions? 5 b If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations than thany receive deductible contributions under section 170(c). 8 b If "Yes," did the organization motive a payment in excess \$15 made party is a contribution of party for goods and services provided to the payor? 7 a X b If "Yes," indicate the number of Forms 8282? Filed during the year 1 b If the organization receive a payment in excess \$15 made party is a contribution of quanty and party for goods and services provided to the payor? 8 b If "Yes," indicate the number of Forms 8282? filed during the year 1 b If the organization received a contribution of cares, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7 b If the organization received an animal party for a property for which it was required? 1 b If "Yes," indicate the number of Forms 8282 filed		filed for the calendar year ending with or within the year covered by this return	2a 15			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, * has it filed a Form 990 Tor the year of "Not * for is 3,0 your owice an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 1 Yes* 1 time from 1 fining requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax whether transaction at any time during the tax year? 5c Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5d If Yes* 1 time is acro 55, did the organization the Form 886F17. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions? 6d If Yes* 1 time is across 5d, did the organization in include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6d If Yes* 2 time is across that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$5's made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). b If Yes*, if did the organization notify the donor of the value of the goods or services provided? 7c If Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to tile form 82627 as required to 10 tile organization seelve any funds, directl	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
b If "Yes," has it filled a Form 990-T to this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes," enter the name of the foreign country; Seven instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID day at yeastbe party notify the organization that It was or is a party to a prohibited stax shelter transaction? 6a Does the organization and party to a prohibited stax shelter transaction and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Does 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). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8c ID		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If 'Yes' to line Sar of 5b, did the organization file form \$886177. 5c If 'Yes' to line Sar of 5b, did the organization file form \$886177. 5c If 'Yes' to line Sar of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c X 5c If 'Yes' to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c A X 6d If 'Yes,' fid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c A X 6d If 'Yes,' fid the organization include with every solicitation and party for goods and services provided to the payor? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract? 7c X 7d If Yes,' indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of crusified intellectual property, did the organization file Form 8289 as required? 9 If the organization received a contribution of crusified intellectual property, did the organization file Form 8290 as a solicitation and party file organization file Form 8290 as a solicitation organization have excess business holdings at any time	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
transcial account in a foreign country, Such as a bank account, securities account, or other financial account? b If "Yes," 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or 5b, did the organization file Form 8886-17? 6a Does the organization senantal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive apprentin recess of \$57 made party as a contribution and party for goods and services provided to the payor? 7 Tyes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7 Did the organization organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Po I was a proper organization received an contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 8282? 8 Sponsoring organization meave any funds, directly or indirectly, on a personal benefit contract? 7 Po I was a proposed by the organization file organization file a Form 8293 as required? 1 If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 8293 as required? 1 If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 720 was proposed programization make any taxable distribution to a donor advised fu				3b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
	16		t income?	16		Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	77
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 1	Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		22
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		- 11
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	- 0/11 y)	, araile	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KATIE AGUILA, OPERATIONS COORDINATOR - (240) 615-8813			
	4321 HARTWICK ROAD, SUITE 316, COLLEGE PARK, MD 20740			

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BILL MCCONAGHA ASSOCIATE BOARD MEMBER	1.75	х						0.	0.	0.
(2) PERTEET SPENCER	3.00							0.	•	•
PRESIDENT	3.00	x		Х				0.	0.	0.
(3) TIM KUNIN	1.75								•	•
ASSOCIATE BOARD MEMBER	1.75	x						0.	0.	0.
(4) ERNIE MINOR	1.75									
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(5) NOSHEEN AHMAD	1.75									
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(6) JESSICA FELIX-ROMERO	1.75									
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(7) CLAIRE CUMMINGS	1.75									
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(8) KELLY MOLER	1.75									
ASSOC. BOARD MEMBER THRU JULY 2018		Х		Х				0.	0.	0.
(9) TED MONK	3.00							_	_	_
ASSOCIATE BOARD MEMBER		Х						0.	0.	0.
(10) REGINA ANDERSON	40.00								_	_
EXECUTIVE DIRECTOR		Х		Х				95,905.	0.	0.
(11) PETE ASHI	1.75	l								
ASSOCIATE BOARD MEMBER	1 7 7 7	Х						0.	0.	0.
(12) TINA GALBRAITH-GOOCH	1.75	,,		77					_	•
TREASURER	1 75	Х		Х				0.	0.	0.
(13) KATIE CROMBEZ	1.75	,,							_	•
ASSOCIATE BOARD MEMBER	1 75	Х						0.	0.	0.
(14) JENNIFER SCHMITT	1.75	X						0.	0.	^
ASSOCIATE BOARD MEMBER		Δ.						0.	0.	0.
		1								
		-								
020007 10 21 10										Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timatec	
	hours per week					is bot or/trus		compensation from	compensation from related			ount o	Ī
	(list any	tor						the	organization			oensati	on
	hours for	r direc				ted			(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC)			_	anizatio	
	organizations below	ual tru	ional t		ployee	t com	۱.					l relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer.				Orga	iizatioi	13
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							Ļ	05 005					_
1b Sub-total								95,905.		0.	—		0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								95,905.		0.			0.
Total (add lines ib and ic) Total number of individuals (including but								<u> </u>	L 2,000 of reportab	-			<u> </u>
compensation from the organization						- ,			,,000 01 10po. ta				(
												Yes	No
3 Did the organization list any former office				•		•		•					
line 1a? If "Yes," complete Schedule J for											3	_	X
4 For any individual listed on line 1a, is the s			-					•	the organization				Х
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for convices		4		_
rendered to the organization? If "Yes," col	•				-	•		ted organization or indiv	idual for Services	,	5		Х
Section B. Independent Contractors	npiete correda	007	01 00	u OII	pere	3011							
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation fr	rom	
the organization. Report compensation fo	r the calendar y	ear e	endi	ing v	vith	or w	/ithir	n the organization's tax	year.				
(A) Name and busines	0 0 0 0 0 0 0 0	376	\ ****	_				(B)	an door		(C		
ivalle and busiles	s address	MC	INC	<u> </u>			\dashv	Description of s	services	$\vdash \vdash$	compen	Sation	
										<u> </u>			
										—			
2 Total number of independent contractors	(including but r	not lii	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ						0		<u> </u>					
											Form 9	an ra	110)

Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, C		Fundraising events		2,000.				
Giff	d	Related organizations	1d					
Simi	е	Government grants (contribut	tions) 1e					
er S	f	All other contributions, gifts, gran	its, and					
호취		similar amounts not included abo	ve 1f	751,601.				
o de	g	Noncash contributions included in lines	s 1a-1f: \$		BE2 604			
<u>a</u> 0	h	Total. Add lines 1a-1f			753,601.			
		HOOD DHOOMHDY I	700 T 0 T 0 D	Business Code	F 202	F 202		
ice	2 a		EKIFIED	812000	5,392.			
Program Service Revenue	b			812000 812000	1,012. 51.	1,012. 51.		
m S	C			812000	21.	21.		
gra Re	d							
Pro	e							
_		All other program service reve			6,455.			
	<u>y</u>	Total. Add lines 2a-2f			0,433.			
	3	other similar amounts)			43.			43.
	4	Income from investment of ta						
	5	Royalties	· ·	·				
	•		(i) Real	(ii) Personal				
	6 a	Gross rents	(7 : : 2 : ::	(1) 1 2 2 1 1 2 1 1 2 1 1				
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)	•					
		Net gain or (loss)						
e	8 a	Gross income from fundraisin						
Other Revenue		including \$ 2,0						
Re		contributions reported on line		1 201				
her		Part IV, line 18		1,391.				
₽		Less: direct expenses Net income or (loss) from fund			256.			256.
		Gross income from gaming at	-	P	250.			250.
	<i>3</i> a	Part IV, line 19		,l				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances		1,937.				
	b	Less: cost of goods sold		3,120.				
	С	Net income or (loss) from sale	es of inventory .		-1,183.	-1,183.		
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
	d							
		Total. Add lines 11a-11d			759,172.	5,272.	0.	299.
I	12	Total revenue. See instructions			1 2 2 , 1 1 4 0	. J,414•		1 433.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

1 Grants and dor 2 Grants individ 3 Grants organizindivid 4 Benefit 5 Competer persons 7 Other section 9 Other section 9 Other and Manage be Legal ce Accound Lobbytie Profess finestry 12 Advert 13 Office 14 Information Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer 20 Interestry 20 Interestry 21 Payme for any 19 Confer 20 Interestry 22 Deprect 24 amanumt and CONT	o, and 10b of Part VIII. s and other assistance to domestic organizations domestic governments. See Part IV, line 21			Management and	Fundraising
and dor Carants individ Grants organiz individ Benefit Compet persons persons Pensior section Payroll Fees fo Accoul Lobbyi Profess Investr Gother Column Co	- I		expenses	general expenses	expenses
Grants individ Grants organiz individ Benefit Compet trustee Compet persons persons Pension section Payroll Fees fo Manag b Legal c Accoul d Lobbyi e Profess f Investr g Other. column column Legal col		5,032.	5,032.		
individ Grants organiz individ Benefit Compet trustee Compet persons persons Pension Section Payroll Fees fo Manage Legal C Accoul Lobbyt Profess Investr Gother Column Advert Inform In	its and other assistance to domestic	,	,		
3 Grants organiz individ 4 Benefit 5 Compet trustee 6 Compet persons 7 Other s 8 Pensior section 9 Other of a Manag b Legal c Accoul d Lobbyt e Profess f Investr g Other. column 12 Advert 13 Office 14 Inform. 15 Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer 10 Interes 21 Payme 10 Confer 22 Deprec 23 Insurat 24 Other a above. 24 am amount a CONT	iduals. See Part IV, line 22				
individ 4 Benefit 5 Compete trustees 6 Compete persons persons 7 Other s 8 Pension section 9 Other s 10 Payroll 11 Fees f a Manag b Legal c Accoul d Lobbyi e Profess f Investr g Other. column 12 Advert 13 Office 14 Inform 15 Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer 10 Interes 11 Payme 12 Deprec 11 Insural 12 Other et 13 Other et 14 Other et 15 Advert 16 Occup 17 Travel 18 Payme 19 Confer 19 Interes 11 Payme 12 Deprec 14 Other et 15 Advert 16 Occup 17 Travel 18 Payme 19 Confer 19 Confer 19 Confer 10 Insural 10 Other et 24 am amount 11 CONT	its and other assistance to foreign				
individ 4 Benefit 5 Compete trustees 6 Compete persons persons 7 Other s 8 Pension section 9 Other s 10 Payroll 11 Fees f a Manag b Legal c Accoul d Lobbyi e Profess f Investr g Other. column 12 Advert 13 Office 14 Inform 15 Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer 10 Interes 11 Payme 12 Deprec 11 Insural 12 Other et 13 Other et 14 Other et 15 Advert 16 Occup 17 Travel 18 Payme 19 Confer 19 Interes 11 Payme 12 Deprec 14 Other et 15 Advert 16 Occup 17 Travel 18 Payme 19 Confer 19 Confer 19 Confer 10 Insural 10 Other et 24 am amount 11 CONT	nizations, foreign governments, and foreign				
4 Benefit 5 Competer trustee 6 Competer persons persons 7 Other s 8 Pension 9 Other of 10 Payroll 11 Fees for a Manage b Legal of c Account d Lobbyit e Profess f Investr g Other column 12 Advert 13 Office 14 Inform 15 Royalti 16 Occup 17 Travel 18 Payme 19 Confer 19 Confer 19 Confer 20 Interes 21 Payme 22 Deprec 23 Insuran 24 Other ec 24e am amount a CONT	iduals. See Part IV, lines 15 and 16				
trusteed Compete persons persons 7 Other s 8 Pension section 9 Other of the section 9 Other of the section 10 Payroll 11 Fees for a Manage to Legal to Compete the section 12 Advert the section of the s	efits paid to or for members				
6 Compete persons persons persons persons 7 Other 9 8 Pension section 9 Other 6 0 Payroll 11 Fees for a Manage be Legal c Accould Lobbyi e Profess f Investr g Other. column 12 Advert 13 Office 14 Inform. 15 Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer 19 Co	pensation of current officers, directors,				
persons persons persons 7 Other s 8 Pensior section 9 Other of 0 Payroll 1 Fees fo a Manag b Legal c Accou d Lobbyi e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform. 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insural 14 Other ec 24e am amount a CON	ees, and key employees	97,650.	97,650.		
persons 7 Other s 8 Pensior section 9 Other of the section 1 Fees for a Manage be Legal conducted to the section of the sectio	pensation not included above, to disqualified				
7 Other's 8 Pension section 9 Other's 10 Payroll 11 Fees fo a Manag b Legal c Accoul d Lobby; e Profess f Investr g Other. column 12 Advert 13 Office 14 Inform 15 Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer 10 Interes 11 Payme 12 Deprec 13 Insural 14 Other e 15 above. 16 24 am amount 17 CONT	ons (as defined under section 4958(f)(1)) and				
8 Pension section 9 Other of O Payroll 11 Fees for a Manage be Legal content of Content	ons described in section 4958(c)(3)(B)				
section 9 Other 6 0 Payroll 1 Fees for a Manage be Legal condition of the column of th	r salaries and wages	241,470.	171,892.	44,893.	24,685
9 Other e 0 Payroll 1 Fees for a Manag b Legal c Accourt d Lobbyi e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform. 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insuran 14 Other e 15 any 16 any 17 any 18 any 19 Confer 10 Interes 11 Payme 12 Deprec 13 Insuran 14 Other e 15 any 16 any 17 any 18 any 19 Confer 19 Confer 10 Interes 10 Insuran 10 CONT	ion plan accruals and contributions (include				
Depred Payroll Payroll Pees for a Manag b Legal c Account d Lobbyi e Profess f Investr g Other. column Advert GOCCUP Travel Payme for any Confer Interess Insuran Confer et above. 24e am amount a CON	on 401(k) and 403(b) employer contributions)				
t Fees for a Manage b Legal c Accould Lobbyi e Profess f Investr g Other. column 12 Advert 13 Office 14 Information 15 Royalti 16 Occup 17 Travel 18 Payme for any 19 Confer Interes 12 Depred 19 Insural 14 Other e above. 24e am amount a CONT	r employee benefits	8,744.	1,644.	7,100.	
a Manag b Legal c Accoul d Lobbyi e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insural 14 Other et above. 24e am amount a CON	oll taxes	53,511.	43,338.	6,693.	3,480
b Legal c Account d Lobbyi e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform. 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insuran 14 Other ecanount a CONT	for services (non-employees):				
c Account Lobbyi e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform. 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insuran 24 Advantage 14 Other et above. 24e am amount a CONT	agement				
d Lobbyi e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insurar 14 Other et above. 24e am amount a CON	ıl				
e Profess f Investr g Other. column 2 Advert 3 Office 4 Inform 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insural 14 Other et above. 124e am amount 16 CON	punting	8,790.		8,790.	
f Investr g Other. column 2 Advert 3 Office 4 Inform 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 0 Interes 1 Payme 2 Deprec 3 Insural 4 Other et above. 1 24e am amount a CON	pying				
g Other. column 2 Advert 3 Office 4 Inform 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 0 Interes 1 Payme 2 Deprec 1 Deprec 2 Insural 4 Other et above. 24e am amount a CON	ssional fundraising services. See Part IV, line 17	66,225.			66,225
column Advert Grant Control Column Advert Advert	stment management fees				
2 Advert 3 Office 4 Inform. 5 Royalti 6 Occup 7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insuran 14 Other et above. 12 24e am amount a CON	er. (If line 11g amount exceeds 10% of line 25,				
13 Office 14 Inform. 15 Royalti 16 Occup 17 Travel 18 Payme 19 Confer 10 Interes 11 Payme 12 Deprec 13 Insural 14 Other elabove. 12 above. 12 24e am 18 amount 18 CONT	nn (A) amount, list line 11g expenses on Sch O.)	4 444			
14 Inform. 15 Royalti 16 Occup 17 Travel 18 Payme 19 Confer 20 Interes 21 Payme 22 Deprec 23 Insurar 24 Other es above. 24e am amount a CON	ertising and promotion	4,411.	4,411.	4 006	
15 Royalti 16 Occup 17 Travel 18 Payme 19 Confer 10 Interes 21 Payme 22 Depred 23 Insural 24 Other et above. 24e am amount a CON	e expenses	10,332.	5,436.	4,896.	
7 Travel 8 Payme for any 9 Confer 10 Interes 11 Payme 12 Deprec 13 Insural 14 Other et above. 12 24e am amount 14 CON	mation technology	11,637.	11,055.	582.	
17 Travel 18 Payme for any 19 Confer 20 Interes 21 Payme 22 Deprec 23 Insurar 24 Other ea amount a CON	alties	22 001	05 410	5 004	2 200
for any confer to any confer to any confer to the confer t	upancy	33,891.	25,418.	5,084.	3,389
for any for an		30,626.	15,229.	6,804.	8,593
9 Confer Payme 12 Deprec 13 Insurar 14 Other e: above. 24e am amount a CONT	nents of travel or entertainment expenses				
1 Payme 1 Deprec 1 Insurar 1 Other e: above. 2 24e am amount a CON	ny federal, state, or local public officials	10 471	10 471		
Payme Deprec Insurar Other eabove. 24e am amount a CON	erences, conventions, and meetings	12,471.	12,471.		
Depred Insurar Other exabove. 24e am amount a CON					
23 Insurar 24 Other e. above. 24e am amount a CON	nents to affiliates				
Other exabove. 24e am amount	reciation, depletion, and amortization	1 722		4,722.	
above. 24e am amount a CON!		4,722.		4,124.	
a CON'	expenses. Itemize expenses not covered e. (List miscellaneous expenses in line 24e. If line mount exceeds 10% of line 25, column (A) int, list line 24e expenses on Schedule O.)				
b MISO	NTRACTORS	22,949.	22,949.		
	SCELLANEOUS	1,080.	-	1,080.	
с		·		·	
d					
	ther expenses				
	functional expenses. Add lines 1 through 24e	613,541.	416,525.	90,644.	106,372
	costs. Complete this line only if the organization	-	-	•	-
	ted in column (B) joint costs from a combined				
-	ational campaign and fundraising solicitation.				
Check he					

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	318,916.		352,736.
	2	Savings and temporary cash investments		2	243,585.
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans 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 VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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)	423,917.	16	596,321.
	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, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	26,773.
	26	Total liabilities. Add lines 17 through 25	0.	26	26,773.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	402 017		F.CO. F.40
anc	27	Unrestricted net assets	423,917.	27	569,548.
Fund Balances	28	Temporarily restricted net assets		28	
pq	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ď.		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	400 015	32	FC0 F40
2	33	Total net assets or fund balances	423,917.	33	569,548.
	34	Total liabilities and net assets/fund balances	423,917.	34	596,321.

Form	1 990 (2018) FOOD RECOVERY NETWORK INC.	45-3836	775	Pag	ge 12
Pa	rt 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			72.
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3	Revenue less expenses. Subtract line 2 from line 1	3			31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42	<u>3,9</u>	17.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	569) ,5	48.
Pa	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		_		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				x
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
ο-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	rigie Audit	_		x
L-	Act and OMB Circular A-133?		3a		
а	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		,,		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b Form	200	(0010)
			Form :	9 9 U ((∠U I 8)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FOOD RECOVERY NETWORK INC. 45-3836775 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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.) 11 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. 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and	, ,	. ,	, ,	, ,	. ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	367,160.	575,692.	450,407.	674,452.	753,601.	2,821,312.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	265 460	555 600	450 405	654 450	EE0 604			
4	Total. Add lines 1 through 3	367,160.	575,692.	450,407.	674,452.	753,601.	2,821,312.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						510,844.		
	Public support. Subtract line 5 from line 4.						2,310,468.		
	ction B. Total Support		-						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 575,692.	(c) 2016 450, 407.	(d) 2017 674,452.	(e) 2018 753,601.	(f) Total		
	Amounts from line 4	367,160.	5/5,692.	450,407.	6/4,452.	/53,601.	2,821,312.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,				4	4.2	4.4		
	and income from similar sources				1.	43.	44.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						0.004.056		
	Total support. Add lines 7 through 10		,				2,821,356. 47,794.		
12	Gross receipts from related activities,					12 501()(0)	41,134.		
13	First five years. If the Form 990 is for				•		. □		
Sec	organization, check this box and store ction C. Computation of Publ		rcentage						
	Public support percentage for 2018 (I			column (f))		14	81.89 %		
	Public support percentage from 2017					15	90.88 %		
	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
		-							
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	organization meets the "facts-and-circ						>		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2018

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20				·	17	%
	Investment income percentage from 2017 Schedule A, Part III, line 17						
	19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
01		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		(Grantese)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		- · · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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 Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.					
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion 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	lly integra	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
<u>i</u>		over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in				
_		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
<u>e</u>	⊏xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018