efile	e GR/	APHIC	print - DO NOT PROCESS	As Filed Data -			DL	N: 93493	3303012309		
Form	99	0	Return of Org	ganization E	xempt Fror	n Income	e Tax		No 1545-0047		
			Under section 501(c), 527, or 4					ns)	2018		
Departi	nent of	the		al security numbers o					en to Public		
Treasu		iue Servic		ov/Form990 for ins	tructions and the	e latest inform	ation.		Inspection		
			calendar year, or tax year begir	ning 01-01-2018	, and ending 12-3	31-2018					
		plicable	C Name of organization		, and onding <b>12</b> .		D Employer	ıdentıfıcatı			
	dress c		Center for Plant Science and Health				82-54650	82			
	me cha tial retu	-	Doing business as				—				
		/terminate	-								
	ended		Number and street (or P O box if m 5501 Merchant View Sq Room 104	all is not delivered to str	eet address) Room/s	uite	E Telephone I				
🗆 Ap	olicatio	n pendın		above and ZID on females a			(703) 608	-4649			
			City or town, state or province, cour Haymarket, VA 20169	ntry, and ZIP or foreign p	Jostal Code		<b>G</b> Gross recei	inte d 915 51	00		
			F Name and address of principa	al officer		H(a) Ta thu	a group retui				
			Peter Candland				dinates?		□ <sub>Yes</sub> ☑ <sub>No</sub>		
			5501 Merchants View Square St Haymarket, VA 20169	e 202		H(b) Are a	ll subordinates				
I Tax	-exem	pt status	<sup>5</sup> ☑ 501(c)(3) □ 501(c)() ◀	(Insert no.) 4947	(a)(1) or 🛛 527	Incluc If "No	ied? »," attach a list	(see inst			
J W	ebsite	e: 🕨					o exemption ni	-			
							-				
<b>K</b> Form	n of or <u>c</u>	ganızatıo	n 🗹 Corporation 🗌 Trust 🗌 Asso	ociation 🔲 Other 🕨		L Year of form	ation 2018 🖡	State of le	gal domicile VA		
D	-6.1	<b>C</b>									
Pa	ntl 1B		<b>nmary</b> escribe the organization's mission o	r most significant act	ivities						
	Р	lant Sci	ences is the study of plant growth,			, as well as the	use of plants	for food, fi	iber, and		
nce	0	rnamen	tal purposes								
ma	_										
оуе	_		his box $\blacktriangleright$ if the organization dis				- <b>C</b> - <b>L L</b>	- 4 -			
ڻ ت	3	Uneck t Number	of voting members of the governir	ig body (Part VI, line	1a)	more than 25%	o of its net ass		3		
20 20			of independent voting members of					4	3		
Mie	5	Total nu	Imber of Individuals employed in ca	ilendar year 2018 (Pa	nt V, line 2a) 🔒			5	0		
Activities & Governance	6	Total nu	umber of volunteers (estimate if neo	cessary)			•	6			
4			nrelated business revenue from Par					7a	0		
	Ь	Net unr	elated business taxable income fror	n Form 990-T, line 34	4			76			
	_					Pri	or Year	Cu	rrent Year		
σn			utions and grants (Part VIII, line 1h)						815,500		
ēnuēvē		-	n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), l					+	0		
ä			evenue (Part VIII, column (A), lines					-	0		
			venue—add lines 8 through 11 (mu						815,500		
			and similar amounts paid (Part IX, o						0		
	14	Benefits	s paid to or for members (Part IX, co	olumn (A), line 4) .					0		
8	15 9	Salaries	, other compensation, employee be	enefits (Part IX, colum	in (A), lines 5-10)				7,000		
ws.	16a	Profess	ional fundraising fees (Part IX, colui	mn (A), line 11e) 🛛 .					0		
Exp enses	Ь-	Total fun	draising expenses ( <b>Part</b> IX, column (D),	lıne 25) ►0							
Щ			xpenses (Part IX, column (A), lines					<b>_</b>	437,029		
			penses Add lines 13-17 (must equ						444,029		
<u>,</u> 0	19	Revenu	e less expenses Subtract line 18 fr	om line 12		Poginnung	of Current Voo	E	371,471		
Net Assets or Fund Balances						beyinning	of Current Yea	·  Ē	ng of Teal		
sse Bala	20	Total as	sets (Part X, line 16)						614,805		
Md I	21 -	Total lia	bilities (Part X, line 26)						0		
ž.	<b>22</b> [	Net ass	ets or fund balances Subtract line 2	21 from line 20					614,805		
	rt II		nature Block				<b></b>				
			perjury, I declare that I have exam ief, it is true, correct, and complete								
any k	nowle	dge	· · · · · · · · · · · · · · · · · · ·								
		****	**				9-10-30				
Sign		Signa	ature of officer			Dat	e				
Here	:		Candland Executive Director								
		Type	or print name and title								
		T	Print/Type preparer's name	Preparer's signature			eck 🗹 if 🏻 PTI	.N			
Paic		-	Firm's name > John S Gray CPA			self	-employed n's EIN ►				
Pre		I									
use	Onl	<b>y</b>	Firm's address 🕨 12510-A Lake RIdge D	r		Pho	one no (703) 49	7-0430			
			Lake Ridge, VA 22192	-							

May the IRS discuss this return with the preparer shown above? (see instructions)							☑ Yes □ No
For Paperwork Reduction Act Notice, see the separate instructions.		Cat	No	11	282	Y	Form <b>990</b> (2018)

Form	990 (2018)					Page <b>2</b>
Pa	nt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III .		🗆
1	Briefly describe the o	rganization's mission				
Plant		of plant growth, reprodu	uction, evolutio	n, and adaptation, as well	as the use of plants for food, fibe	r, and ornamental
2	Did the organization	undertake any significai	nt program ser	vices during the year whic	h were not listed on	
	the prior Form 990 o	r 990-EZ?				🗹 Yes 🗌 No
	,	se new services on Sch				
3				changes in how it conducts	s, any program	
		se changes on Schedule				🗌 Yes 🗹 No
4		-		ots for each of its three lar	gest program services, as measur	ed by expenses
	Section 501(c)(3) an		ns are required	to report the amount of g	rants and allocations to others, th	
		ac, in any, for each prog				
4a	(Code	) (Expenses \$	439,167	including grants of \$	) (Revenue \$	815,500)
	See Addıtıonal Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					·
A -	Oth an and					
4d	(Expenses \$	ces (Describe in Schedu inclu	ie O ) iding grants of	\$	) (Revenue \$	)
4e	Total program serv	/ice expenses ►	439,1	67		

\_

Part IV Checklist of Required Schedules

			Page <b>3</b>
		Yes	No
te foundation)? <i>If "Yes," complete</i>	1	Yes	
instructions)?	2		No
alf of or in opposition to candidates	3		No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🐿	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	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		No
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		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section $170(b)(1)(A)(i)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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 <sup>?</sup> If "Yes," complete Schedule G, Part I(see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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		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		No
		E.	orm <b>99</b>	0(2018)

Par	t IV Checklist of Required Schedules (continued)						
			Yes	No			
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? <i>If "Yes," complete Schedule J</i>	23		No			
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a</i>	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No			
С	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		No			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		No			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
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		No			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No			
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> <i>Part IV</i>	28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$ .	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
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		No			
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and th is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		Yes	No			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0						
-							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c Yes

Form	990 (2018)			Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and         Tax Statements, filed for the calendar year ending with or within the year covered by         this return       2a			
Ь	If at least one is reported on line 2a, did the organization file all required federal 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)	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
D	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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ . $\ldots$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\cdot$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form	990 (2018)			Page <b>6</b>
Pa	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	onse to	lines 🔽
Se	ction 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 3			
	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         3			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed VA			
18				
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V Upon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 19

State the name, address, and telephone number of the person who possesses the organization's books and records Peter Candland 5501 Merchant View Square Ste 202 Haymarket, VA 20169 (703) 608-4649 20

## 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, or 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 week (list any hours for related organizations below dotted line)	Positic o b than o b Individual trustee or director	ne bo	ox, ι n of	t che unles ficer rust	s pers	son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Dave Herman Chairman	5 00	x		x				2,000	0	0
(2) Chris Millard Secretary/Treasurer	5 00	x		×				3,000	0	0
(3) Chris Bake Baord Member	3 00	x						2,000	0	0
										Form <b>990</b> (2018)

Pa	tt VII Section A. Officers, Direct	ors, Trustee	s, Key l	Emp	loye	es,	and	Higł	nest Compensate	d Employees	(conti	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than c ıs b	ne b	ox, u in off tor/t	t ch inle: ficer rust	· ·	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations ( 2/1099-MISC	w-	Estima Estima amount c compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1055-MISC)	2/1055-11130		relat	ed
					-			-					
											_		
								-					
1b :	Sub-Total						 ▶				┯┷		
c	Fotal from continuation sheets to Pa						▶				1		
		•••••			•				7,000		<u> </u>		
2	Total number of individuals (including of reportable compensation from the		to thos	e list	ed a	DOV	e) who	rece	eived more than \$1	00,000			
3	Did the organization list any <b>former</b> line 1a? If "Yes," complete Schedule J	-							ghest compensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		No
5	Did any person listed on line 1a receir services rendered to the organization								-	vidual for			
S	ection B. Independent Contract						,				5		No
1	Complete this table for your five high from the organization Report competed										npens	ation	
		(A)		year	enu	nig	with 0	I VVIC		(B)		(0	
HPNA		and business addre	255						Desc Strategic Co	ription of services nsulting	_	Comper	174,619
	ox 159 arpin, VA 20143												
	qn Lovells								Legal Servic	es			93,583
	Thirteenth St NW Ington, DC 20004												
	etter Consulting								ConsutIting	Services			50,000
	Merchantsw View Square arket, VA 20169												
Policy	Impact Communications								Policy Analy	SIS			47,398
	Connecticut Ave NW Ington, DC 20036												
	y Associates								Research		T		43,714
	Montgomery Lane esda, MD 20814												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Page **8** 

Part VIII Statement of Revenue

		Check if Schedul	le O contains	a respo	onse or r	note to an	y line in t	his Part VIII				• •	🗆
								( <b>A)</b> revenue	Relat exe fund	<b>3)</b> red or mpt ction	(C) Unrela busin rever	ated ess	(D) Revenue excluded from tax under sections
	1 -	a Federated campaig	ns	4-			I		reve	enue	I		512 - 514
8 £				1a									
an		<b>b</b> Membership dues		<b>1</b> b									
ច័ត្ត	•	c Fundraising events	• •	1c									
Γ\$		d Related organizatio	ons	1d									
Gif ilai		e Government grants (co	ontributions)	1e									
s, in				16									
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts ne above	, gifts, grants, ot included	1f		815,500							
ntrib d Otł	ģ	9 Noncash contribution in lines 1a - 1f \$	ons included										
ទី		<b>h Total.</b> Add lines 1a	-1f	•	• •	. 🕨		815,500					
						Busines	s Code	010,000					
Program Service Revenue	2a												
5				-									
đ	b												
ည္ရွိ	с			_									
- E	d			_									
ε	е												
grai	f	All other program se	ervice revenue	•									
Š													
<u> </u>		Total. Add lines 2a-2			•		_						1
		Investment income (ii			nterest,								
		similar amounts). Income from investme			and proc		► <u> </u>						
							▶						
	51	Royalties					▶						
		_	(I) Rea		(11)	Personal	_						
	6a	Gross rents											
	b	Less rental expenses					-						
	с	: Rental income or (loss)											
	d	Net rental income o	r (loss)	•		· •	-						
			(I) Securi	ties	(11)	) Other							
	7a	Gross amount from sales of											
		assets other											
		than inventory											
	b	Less cost or											
		other basıs and sales expenses											
	с	Gain or (loss)											
	d	Net gain or (loss) .				•	-1						
	8a	Gross income from fi	undraising ev	ents									
Other Revenue		(not including \$	ed on line 1c)		ļ								
٩ ٩		See Part IV, line 18					_						
ď		Less direct expense		b									
ler		Net income or (loss)		-	ents .	• •							ļ
E	9a	Gross income from g See Part IV, line 19		les									
Ŭ		See Faitiv, inte 19		а	}								
	ь		_				_						
		Less direct expense		Ь									
		Net income or (loss)		activit	les .	• •							
	102	Gross sales of invent returns and allowanc											
			·	а	1								
	ь	Less cost of goods s	sold	Ь			-						
		Net income or (loss)											
	<u> </u>	Miscellaneous		inven		. ► ness Code							
	11						-						
		a											
	b	)											
	с	:					-		+		+		
					ļ		_						
		All other revenue .											
	e	<b>Total.</b> Add lines 11a	-11d	• •	• •	►							
	12	Total revenue. See	Instructions								1		
						-	1	815,50	0		1		1

Form **990** (2018)

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraısıngexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,000	7,000		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
i	a Management	50,000	50,000		
I	o Legal	268,202	268,202		
	c Accounting	0			
	l Lobbying	0			
	e Professional fundraising services See Part IV, line 17				
1	Investment management fees	0			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	3,741		3,741	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	22,853	22,853		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a Public Relations	47,398	47,398		
	b Scientific Research	43,714	43,714		
	c Taxes and Licenses	600		600	
	d Bank Charges	521		521	
	e All other expenses	0			
	Total functional expenses. Add lines 1 through 24e	444,029	439,167	4,862	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet

2       Savings and temporary cash investments       2         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       5         6       Loans and other receivables from other discubilitied persons (as defined under section 4958(1/2)(18) and (9)       6         7       Notes and coart receivables from other discubilitied persons (as defined under section 4958(1/2)(18) and (9)       6         7       Notes and coart receivables from other discubilitied persons (as defined under section 4958(1/2)(18) and (9)       6         9       Prepart of Schedule L       7         10a       Investments-other securities See Part V, line 11       10a         11       Investments-other securities See Part V, line 11       111         11       Investments-other securities See Part V, line 11       112         13       Investments-other securities See Part V, line 11       113         14       15       Other assets See Part V, line 11       114         15       Other assets See Part V, line 11       12       12         16       Total assets.Add lines 1 through 15 (must equal line 24)       0       16       044.805 <td< th=""><th></th><th></th><th>Check if Schedule O contains a response or not</th><th>e to any line in this Part IX</th><th></th><th></th><th> 🗆</th></td<>			Check if Schedule O contains a response or not	e to any line in this Part IX			🗆	
2       Savings and temporary cash investments       2         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       5         6       Loans and other receivables from other disqualified persons (as defined under section 4558(r)(2)(8), and (9)       6         7       Notes and loans receivable, net       7         8       Investments officers, directors, trustees, loand directors, complete Part I of Schedule D       9         9       Preparation Scheding sectors and directors other disqualified persons (as defined under sectors) Complete Part I of Schedule D       9         10a       Lond, buildings, and exumment, cost or other       10a         11       Investments-orber sectors Sectors Part IV, Ine 11       112         12       Investments-orber sectors Sectors Part IV, Ine 11       113         13       Investments-orber sectors Part IV, Ine 11       114         14       15       164         15       Total assets.Add lines 1 through 15 (must equal line 14)       0       16       614,805         14       Scheine Part II of Schedule D       21       21       22       22         16					(A)		(B)	
3       Pledges and grants receivable, net		1	Cash-non-interest-bearing			1	614,805	
4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete       5         6       Loans and other receivables from ther dequalified persons (as defined under section 955(11)); prosons described as escient 955(12)(8), and complete part of Schedule 1.       5         7       Notes and come receivables from ther dequalified persons (as defined under section 955(11)); prosons described section 951(c)(9), volintary employees and sponsong organizations (as etching 510(c)(9), volintary employees complete part of Schedule 1.       7         7       Notes and clears receivable, net		2	Savings and temporary cash investments	[		2		
5       Loass and other servables from current and former officers, directors, bart of Schedule 1.       5         6       Loass and other servables from other disculified persons (as defined under section 4958(r)(11), persons described in section 4958(r)(3)(8), and control of Schedule 1.       5         7       Pert of Schedule 1.       -         7       Prepaid expenses and opter receivable, net		3	Pledges and grants receivable, net		3			
trustes, key employees, and highest compensated employees Complete Part In Schedule L     5       6     Loans and other receivables from other discuilified persons (as defined under sector 4958()(11), expression sector 4958()(12), expression (schedule 301(c)(9), part Inf Schedule L     6       7     Notes and loans receivable, net     7       8     9       9     Land, buildings, and equipment cost or other bases complete Part IV of Schedule L     9       10     Land, buildings, and equipment cost or other bases complete Part IV of Schedule See Part IV, line 11     11       11     Investments—opigram-related See Part IV, line 11     12       12     Investments—opigram-related See Part IV, line 11     13       14     15     Other assets see Part IV, line 11     13       15     Total assets.Add lines 1 through 15 (must equal line 34)     0     16       16     Tax-exempt bond liabilities     20       17     18     Grants payable so uncret and forme officers, directors, trustes, key employees, higher and spayable to unrelated thrd partes     23       21     Loss and onther payables to unrelated thrd partes     23       22     Secured most gapsable to unrelated thrd partes     23       23     Secured most gapsable to unrelated thrd partes     23       24     Loss and onther payables to unrelated thrd partes     24       25     Organizations that follow S		4	Accounts receivable, net		4			
sector 4958(r)(1), persons described in sector 4958(r)(3)(8), and contributing employees and spannaming organizations (see instructions) Complete Part II of Schedule L		5	trustees, key employees, and highest compensation	ted employees Complete		5		
✓       9       Prepad expenses and deferred charges       9         ✓       10a       Land, buildings, and equipment cost or other basis Complete Part V of Schedule D       10a       10b       10c         D       Less accumulated depreciation       10a       10b       10c         11       Investments—publicly traded securities       111       112         12       Investments—program-related See Part IV, line 11       113       113         14       Intangible assets       114       115         15       Other assets See Part IV, line 11       113       114         16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       614,805         17       Accounts payable and accrued expenses       17       17       17         18       Deferred revenue       19       100       101       101         20       Tax-exempt bond liabilities       104       102       101       102         21       Escrow or custodial accourt liability Complete Part IV of Schedule D       21       22       22       22         23       Secured mortsgages and notes payable to unrelated third parties       23       24       100         24       Unsecured mortsgages and notes payable to unrelated t	ts		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizat voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9) (see instructions) Complete		_		
✓       9       Prepad expenses and deferred charges       9         ✓       10a       Land, buildings, and equipment cost or other basis Complete Part V of Schedule D       10a       10b       10c         D       Less accumulated depreciation       10a       10b       10c         11       Investments—publicly traded securities       111       112         12       Investments—program-related See Part IV, line 11       113       113         14       Intangible assets       114       115         15       Other assets See Part IV, line 11       113       114         16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       614,805         17       Accounts payable and accrued expenses       17       17       17         18       Deferred revenue       19       100       101       101         20       Tax-exempt bond liabilities       104       102       101       102         21       Escrow or custodial accourt liability Complete Part IV of Schedule D       21       22       22       22         23       Secured mortsgages and notes payable to unrelated third parties       23       24       100         24       Unsecured mortsgages and notes payable to unrelated t	se		,	-		-		
10a       Land, buildings, and equipment cost or other basis Complete Part Vi of Schedule D       10a       10a         11       Investments—publicly traded securities       11       10b       10c         11       Investments—publicly traded securities       11       11         13       Investments—program-related See Part IV, line 11       13       13         14       Intrangible assets       14       14         15       0ther assets       16       614,805         16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       614,805         17       Accounts payable and accrued expenses       17       18       614,805         10a       10b       12       20       21       20         18       Grants payable and accrued expenses, and disqualified       20       21       20         12       Lass and ther payables to current and former officers, directors, trustees, key employees, highest compensated employees, highest	Ą	_		F		-		
b       Less accumulated depreciation       10b       10c         11       Investments—publicly traded securities       11       11         12       Investments—program-related See Part IV, line 11       12         13       Investments—program-related See Part IV, line 11       13         14       Intangible assets       14         15       Other assets       14         16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       614.805         17       Accounts payable and accrued expenses       17       18       6rants payable       18         20       Tax-exempt bond liabilities       10       20       20       20         21       Escrew or custodial account liability Complete Part IV of Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons       23       24         23       Secured mortgages and notes payable to unrelated third parties       23       22         24       Unsecured notes and loans payable to unrelated third parties       23       25         24       Unsecured notes and loans payable to unrelated third parties       24       25         25       Other		-	Land, buildings, and equipment cost or other					
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       Intargible assets       See Part IV, line 11       13         15       Other assets See Part IV, line 11       15         16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       614.805         17       Accounts payable and accrued expenses       17       17         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       11         21       Escrow or custodial account liability Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L       22         23       Secured mortages 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, complete Part X of Schedule D       25         25       Other liabilities.Add lines 17 through 25<		Ь		10b		10c		
12       Investments—other securities See Part IV, line 11			· ·					
13       Investments—program-related See Part IV, line 11				11				
14       Intangible assets			,	H				
15       Other assets See Part IV, line 11       11       0       15         16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       6114,805         17       Accounts payable and accrued expenses       17       18         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       19       20         21       Escrow or custodial account liability Complete Part IV of Schedule D       21       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified       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 not included on lines 17 - 24)       25         26       Total liabilities.Add lines 17 through 25       0       26       0         28       Temporanij restricted net assets       29       0       0         29       Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27       28         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, an								
16       Total assets.Add lines 1 through 15 (must equal line 34)       0       16       614.805         17       Accounts payable and accrued expenses       17       17         18       Grants payable       18       19         19       Deferred revenue			-					
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         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       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. Add lines 17 through 25       0       26       0         26       Total liabilities. Add lines 17 through 25       0       26       0         27       Complete Part X of Schedule D       27       28         28       Temporarily restricted net assets       27       28         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30				L L L L L L L L L L L L L L L L L L L	0		614 805	
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         22       Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified       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 not included on lines 17 · 24)       25         Complete Part X of Schedule D       26       0         26       Total liabilities not included on lines 17 · 24)       0       26         27       Unrestricted net assets       27       28         28       Temporarily restricted net assets       27       28         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30         29       Permanently restricted net assets       29       30         29       Active assets       29					-			
19       Deferred revenue       19         20       Tax-exempt bond habilities       20         21       Escrow or custodial account hability Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disgualified persons 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 habilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)       26         26       Total liabilities.Add lines 17 through 25       0       26         27       Urrestricted net assets       27         28       Temporanly restricted net assets       27         29       Permanently restricted net assets       29         29       Organizations that do not follow SFAS 117 (ASC 958), check here ►       30         30       Capital stock or trust principal, or current funds       30         31       Pad-in or capital surplus, or land, building or equipment fund       31         32       Capital stock or trust principal, or current funds       32       614.805         33								
20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       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)       25         26       Total liabilities,Add lines 17 through 25       0       26       0         27       Unrestricted net assets       27       27         28       Temporarily restricted net assets       29       0         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30       30         31       Pard-in or capital surplus, or land, building or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       614.805         33       Total net assets or fund balances       0								
21       Escrow or custodial account liability Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       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.Add lines 17 - 24)       25         26       Total liabilities.Add lines 17 through 25       0       26       0         27       Unrestricted net assets       27       27       28         28       Temporarily restricted net assets       29       0       0       26         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30       30       29       0         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30       30       30         30       Capital stock or trust principal, or current funds       31       31       31         31       Pard-in or capital surplus, or land, building or equipment fund       31       31       33				· •				
22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       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 on included on lines 17 - 24)       25         26       Total liabilities.Add lines 17 through 25       0       26       0         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27       27         28       Temporarily restricted net assets       29       29       29         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30       30         30       Capital stock or trust principal, or current funds       30       31       30         31       Paid-in or capital surplus, or land, building or equipment fund       31       31         33       Total net assets or fund balances       0       33       614,805								
23       Secure more gages 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)       25         26       Total liabilities.Add lines 17 through 25       0       26       0         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27       27         28       Temporarily restricted net assets       27       28       29         29       Permanently restricted net assets       29       0         30       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       614,805         33       Total net assets or fund balances       0       33       614,805	lities		Loans and other payables to current and former	officers, directors, trustees,		21		
23       Secure more gages 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)       25         26       Total liabilities.Add lines 17 through 25       0       26       0         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27       27         28       Temporarily restricted net assets       27       28       29         29       Permanently restricted net assets       29       0         30       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       614,805         33       Total net assets or fund balances       0       33       614,805	ā					22		
24       Unsecured notes and loans payable to unrelated third parties .       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D       25         26       Total liabilities.Add lines 17 through 25 .       0       26         27       0       26       0         28       Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.       27         29       Permanently restricted net assets       29         29       Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       31         31       Paid-in or capital surplus, or land, building or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       614,805         33       Total net assets or fund balances       0       33       614,805	Ë	23		ted third parties				
25       Other habilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D       25         26       Total liabilities.Add lines 17 through 25				· · ·				
26Total liabilities.Add lines 17 through 250260Organizations that follow SFAS 117 (ASC 958), check here ▶and complete lines 27 through 29, and lines 33 and 34.2727Unrestricted net assets2728Temporarily restricted net assets2829Permanently restricted net assets2920Organizations that do not follow SFAS 117 (ASC 958), check here ▶2929Organizations that do not follow SFAS 117 (ASC 958), check here ▶2920Organizations that do not follow SFAS 117 (ASC 958), check here ▶3030Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building or equipment fund3133Total net assets or fund balances03333G14,805			Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	yables to related third parties,				
Organizations that follow SFAS 117 (ASC 958), check here ▶       □ and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       27         28       Temporarily restricted net assets       28         29       Permanently restricted net assets       29         0       Organizations that do not follow SFAS 117 (ASC 958), check here ▶       29         0       Organizations that do not follow SFAS 117 (ASC 958), check here ▶       29         0       Organizations that do not follow SFAS 117 (ASC 958), check here ▶       30         0       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       614,805         33       Total net assets or fund balances       0       33       614,805		26	•	-	0	26	0	
check here ▶       ✓ and complete lines 30 through 34.         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances								
check here ▶       ✓ and complete lines 30 through 34.         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances	nces	27	complete lines 27 through 29, and lines 33			27		
check here ▶       ✓ and complete lines 30 through 34.         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances	3a lá					28		
check here ▶       ✓ and complete lines 30 through 34.         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances	Б							
check here ▶       ✓ and complete lines 30 through 34.         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building or equipment fund         32       Retained earnings, endowment, accumulated income, or other funds         33       Total net assets or fund balances	n			(ASC 958),				
31       Paid-in or capital surplus, or land, building or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       614,805         33       Total net assets or fund balances	٥	30	check here <b>&gt; </b> and complete lines 30 th	rough 34.		30		
<b>33</b> Total net assets or fund balances	ets			F				
<b>33</b> Total net assets or fund balances	155			F			614,805	
Z 34 Total liabilities and net assets/fund balances			•		0		614,805	
	ž				0		614,805	

Form	990	(	2018)
Par	t XI		Rec

	556 (2010)				raye IZ
Pa	t XI Reconcilliation 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			815,500
2	Total expenses (must equal Part IX, column (A), line 25) . . . . . . . . . . . . . . .	2			444,029
3	Revenue less expenses Subtract line 2 from line 1	3			371,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$ .	4			0
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			243,334
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			614,805
Pa	t 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	3b		

## **Additional Data**

Software ID: 18007340 Software Version: 19.1.1.0 EIN: 82-5465082 Name: Center for Plant Science and Health

Form 990 (2018)

#### Form 990, Part III, Line 4a:

Plant Sciences is the study of plant growth, reproduction, evolution, and adaptation, as well as the use of plants for food, fiber, and ornamental purposes

	m 99	OULE A 0 or	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) ( mpt charitable	organization of trust.		2018
		f the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information		Open to Public Inspection
Nam	e of tl	he organiza	<b>tion</b> Health					Employer identific	ation number
		_						82-5465082	
	rt I				<b>us</b> (All organization e it is (For lines 1 thro			See instructions.	
1			•		ssociation of churches	-	• •	(A)(i)	
2									
					1)(A)(ii). (Attach Sch				
3					vice organization desc			-	
4		A medical i name, city,		nızatıon operat	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II )	t of a college or unive				bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(#	(v).	
7				mally receives (vi). (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the gener	al public described in
8				• • • •	n 170(b)(1)(A)(vi)	(Complete Part I	I )		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10	V	from activit	ies related to income and	o its exempt fur unrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le pomplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more publi	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or se	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A solution	supporting or n(s) the pow	ganization oper	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting o nt of the sup	rganization sup	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally	integrated. A	supporting organizatio ions) <b>You must com</b>				ted with, its
d		Type III n functionally	on-function	ally integrate The organizatio	<b>d.</b> A supporting organi n generally must satis rt <b>IV, Sections A and</b>	zation operated fy a distribution	in connection wi requirement and	th its supported organ	
e		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	ation from the I		ире I, Туре II, Туре II	I functionally
f	Enter	<b>.</b> .	,,	, l organizations	2	-			
g	Provi	de the follow	ung informati	on about the su	upported organization(				
	<b>(i)</b> №	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org In your govern	anızatıon lısted ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III.)         Section A. Public Support       (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total         (or fiscal year beginning in) ►       (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total         Tax revenues level for the organization's benefit and ather pad to or esence of total contributions by a governmental unit to the organization's benefit and ather pad to or esence of total contributions by a governmental unit to the organization is benefit and ather pad to or esence of total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contributions by each person (other than a support of optimal total contribution total contribution total contribution total contribution total contribution total contribution on line 4         8 Constance from included on the data total contribution of the organization (b) control total contribution of the organization (c) (d) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (d) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) (f) Total	Р	art II Support Schedule for ( (b)(1)(A)(ix) (Complete only if you ch	-		-			-
Section A. Public Support       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (or fiscal year beginning in) P       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (or fiscal year beginning in) P       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (b) Comparison Steneff and ether paid       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (b) Comparison Steneff and ether paid       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (c) The option pairwatery) included on the pair of total contributions by each person (other than a governmetal unit or publicly support.       (c) 2016       (d) 2017       (e) 2018       (f) Total         (c) fiscal year beginning in) P       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (c) fiscal year beginning in) P       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (c) fiscal year beginning in) P       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         (d) of them come in unrelased busness busness busnes								ing analor rare
Calendar year       (a) 2014       (b) 2015       (c) 2016       (d) 2017       (e) 2018       (f) Total         1 Griss carves, contributors, and membership (Bo not the respended on the behalf	S		• •		<i>.</i>	•	ŕ	
membership fees received (Con not include any 'Unusual grant ')       Image: Construction of the consthe construction of the construction of the c		Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 Tax revenues level of the inorganization is behalf in the inorganization is behalf or expended on its behalf or expended on its behalf is a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount is a governmental unit to publicly support. Subtract line 5 from is a governmental unit or publicly support. Subtract line 5 from is the stress is a governmental unit or publicly support. Subtract line 5 from is a governmental unit or publicly support. Subtract line 5 from is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmental unit or publicly is upport 50 behalf is a governmentation in the fact and th	1	membership fees received (Do not						
organization's benefit and ether paid to or expended on its benafit strumshed by a government lunt to the organization without charge       image: construction of total contributions by each person (where than edv) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       image: construction of total contributions by each person (where than edv) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       image: construction of total contributions by support construction of total support         Section B. Total Support Colleady year Subtrack ine 5 from line 4       image: construction of total support colleady regarization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       image: construction of total support colleady regarization included on line 4         7 Amounts from line 4       image: construction of the subscript sectored on securities loans, rinkt, rychies and securities from related attivities, etc. (see instructions)       iiii         11 Total support, Fourtai assets (Explain in Part V)       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2							
3         The value of services or facilities furmised by a governmental unit to the organization without charge	2	organization's benefit and either paid						
4 Total, Add lines 1 through 3       Image: Control 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)       Image: Control of the control of the amount shown on line 11, column (f)         6 Public support. Subtract lines 5 from line 4       Section B. Total Support         Calendar year (of fiscal year beginning in) >       (a)2014       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         7 Amounts from line 4       Gross income from interest, dividends payments received on securities loans, rents, royaltes and income from unrelated business activities, whether or not the business is regularly canced business activities, whether or not the business is regularly canced as assets (Explain in Part VI)       Image: Control of Cont	3	furnished by a governmental unit to						
5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount show on line 11, column (f)       Image: the provide provide provide the provide provide the provide the	4							
governmental unt or publicly supported organization) included on line 11 that exceeds 2% of the amount show on line 11, column (f)       Image: Column of the state of the s		The portion of total contributions by						
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6       Public support. Subtract line 5 from line 4         Section B. Total Support         Calendar year Calendar year Calendar year Calendar year Calendar year Segning in) ►         7       Amounts from line 4         Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and sources searching in the sale of capital assets integrating cared on loss form the sale of capital assets (Explain in Part VI)         10       Other income Do not include gain or loss form related activities, etc (see instructions)       12         12       Gross inceipts from related activities, etc (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .       14         14       Dublic support percentage for 2018 (line 6, column (f) divided by line 11, column (f))       14       0.9%         15       Public support teercapes from related activities, as a publicly supported organization       16       15         16       Sa3 1/3% support test-2017. Schedule A, Part II, line 14       16       33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box in the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organinzation meets the "facts-an								
Imed       Calendar year         Calendar year       (or fiscal year beginning in) >         A mounts from line 4       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         A mounts from line 4       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         A mounts from line 4       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         A mounts from line 4       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         A mounts from line 4       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         A mounts, paymeth scewed on securities loans, rents, royaties and income from unrelated business activities, whether or not the business is regularly carried on       (b)2017       (c)2018       (f)Total         O Other income D on ot include gain or loss from the sale of capital assets (Explain nPart VI)       (Explain nPart VI)       (f)Total       (f)Total         12       Gross receipts from related activities, etc (see instructions)       12       (f)Total       (f)Total         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       (f)Total       (f) %         14       Public support percentage for 2017	6							
Calendar year (or fiscal year beginning in) ►         A mounts from line 4       (a)2014       (b)2015       (c)2016       (d)2017       (e)2018       (f)Total         A mounts from line 4       Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources       Image: Colspan="2">Image: Colspan="2"         9       Net income from interest, dividends, payments received on Other income D not include gain or loss from the sale of copital assets (Explain in Part VI in Colspan="2"       Image: Col	<u> </u>							
(or fiscal year beginning in) ▶       (a)2014       (b)2013       (c)2016       (d)2017       (e)2013       (f)2014         7 Amounts from line 4       Gross income from interest, dividends, payments received on securities loans, erect, royaltes and income from similar sources       Image: comparison of the source of comparison of the sources of comparison of the sources of comparison of the comparison of the sources of comparison of the source of comparison of the compar	S							-
7       Amounts from line 4         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from sunlares sources         9       Net income from sunlarest, dividends, payments received on securities loans, rents, royalties and income from sunlares sources         9       Net income from sunlarest         9       Net income to not include gain or loss from the sale of capital assets (Explain in Part VI)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .         14       Public support Percentage for 2018 (line 6, column (f) divided by line 11, column (f))       14       0 %         15       Public support test—2018. If the organization did not check a 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			(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources <ul> <li>9</li> <li>Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI)</li> <li>10</li> <li>Other income form related activities, etc. (see instructions)</li> <li>12</li> <li>Gross receipts from related activities, etc. (see instructions)</li> <li>12</li> <li>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</li> <li>Section C. Computation of Public Support Percentage</li> <li>14</li> <li>Public support percentage for 2017 Schedule A, Part II, line 14</li> <li>15</li> <li>16</li> <li>33 1/3% support test—2018. If the organization did not check a 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</li> <li>33 1/3% outport percentage for 2017. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10%-facts-and-circumstances the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how 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</li> <li>10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15</li></ul>	7	Amounts from line 4						
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income from similar sources         9       Net income from unrelated business activities, whether or not the business is regularly carried on         10       Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)         11       Total support. Add lines 7 through 10         10       Total support. Add lines 7 through 10         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
9       Net income from unrelated business activities, whether or not the business is regularly carried on 10         10       Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
business is regularly carried on         10       Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc (see instructions)         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))       14       0 %         15       Public support percentage for 2017 Schedule A, Part II, line 14       15       15         16       33 1/3% support test-2017. If the organization did not check abox 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       10         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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box an	9							
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11       Total support. Add lines 7 through 10       12         12       Gross receipts from related activities, etc (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       Image: Computation of Public Support Percentage         14       Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))       14       0 %         15       Public support percentage for 2017 Schedule A, Part II, line 14       15       15         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       Image: Computation of Computation qualifies as a publicly supported organization         17a       10%-facts-and-circumstances test—2018. 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 and stop here. The organization qualifies as a publicly supported organization       Image: Computation 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, ch		loss from the sale of capital assets						
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<ul> <li>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 and stop here. The organization qualifies as a publicly supported organization</li> <li>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</li> <li>b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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, check this box and stop here. Explain 15 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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</li> <li>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</li> </ul>	<b>16</b> a					ne 14 is 33 1/3% oi	r more, check thi	
<ul> <li>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</li> <li>b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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, check this box and stop here. Explain in Part VI how 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 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>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</li> </ul>	b	33 1/3% support test-2017. If the	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 1	/3% or more, che	eck this
<ul> <li>b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</li> </ul>	17a	10%-facts-and-circumstances test is 10% or more, and if the organization	-2018. If the one meets the "facts	ganization did not s-and-circumstance	check a box on li es" test, check th	is box and <b>stop he</b>	e <b>re.</b> Explain	
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	b	<b>10%-facts-and-circumstances tes</b> 15 is 10% or more, and if the organiz	ation meets the "	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	18		on dıd not check a	a box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	and see	▶□
		Instructions						

# 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	ection A. Public Support					/		
	Calendar vear		(1) 00/-	( )	( I) and -			(n = · · ·
	(or fiscal year beginning in) ►	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	<b>(e)</b> 20	18	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not					8	15,500	815,500
	include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
	under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
-	the organization without charge						45.500	
6	Total. Add lines 1 through 5					6	15,500	815,500
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disgualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							045 500
	from line 6 )							815,500
Se	ection B. Total Support							
	Calendar year	( ) 00//	(1) 2015	( ) 0010	(1) 2017	( ) ==		(0, 7, 1, 1
	(or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	<b>(e)</b> 20	18	(f) Total
9						8	15,500	815,500
10a	Gross income from interest,							
	dividends, payments received on							0
	securities loans, rents, royalties and							0
	income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from							0
	businesses acquired after June 30, 1975							
~	Add lines 10a and 10b							
11								
11	activities not included in line 10b,							
	whether or not the business is							0
	regularly carried on							
12								
	loss from the sale of capital assets							0
	(Explain in Part VI )							
13	Total support. (Add lines 9, 10c,					ε	15,500	815,500
	11, and 12)		l first second t	hund fauntha an fift				
14	First five years. If the Form 990 is fo	r the organization	i s mst, second, t	mra, iourth, or mi	in lax year as a se		.)(5) org	<u> </u>
	check this box and <b>stop here</b>							
Se	ection C. Computation of Public							
15	Public support percentage for 2018 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15		0 %
16	Public support percentage from 2017 S	Schedule A, Part I	II, line 15			16		
	ection D. Computation of Invest							
-	Investment income percentage for 201			line 13. column (f	F))	47		0.0/
17				inte 15, column (i	())	17		0 %
18	Investment income percentage from 2		•			18		
19a	331/3% support tests-2018. If the	organızatıon dıd r	not check the box	on line 14, and li	ne 15 is more thar	1 <b>33</b> 1/3%,	and line	17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualif	ies as a publicly si	upported organiza	tion		
	33 1/3% support tests-2017. If the	•	-				<b>33</b> 1/39	6 and line 18 is
5	not more than 33 1/3%, check this box	-						
20		-	-					
20	Private foundation. If the organization	on did not check a	a box on line 14, :	19a, or 19b, check				► []

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

No 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (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) 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 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 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 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) 7 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) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a 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. 9a 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. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

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11 ⊦			
	las the organization accepted a gift or contribution from any of the following persons?		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		
g	governing body of a supported organization?	11a	
b A	A family member of a person described in (a) above?	11b	
сA	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	

#### Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization'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 organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

## Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 🕅 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

#### 2 Activities Test Answer (a) and (b) below.

1

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
substantially all of its activities	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the		

- organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI**, the role played by the organization in this regard

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2b

3a

Зb

Yes

No

Page 5

Yes

1

2

No

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Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions			Current Year
<ol> <li>Amounts paid to supported organizations to accomplish</li> </ol>	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in <b>Part VI</b> ) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
<ul> <li>8 Distributions to attentive supported organizations to we details in Part VI) See instructions</li> </ul>	nich the organization is respon	sive (provide	
<b>9</b> Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b         From 2014.         . <th< td=""><td></td><td></td><td></td></th<>			
d From 2016			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
<ul> <li>Carryover from 2013 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2014			
<b>b</b> Excess from 2015			
<u>c</u> Excess from 2016			
d Excess from 2017			
	I	í	í

Schedule A (Form 990 or 990-EZ) (2018)

# **Additional Data**

Software ID: 18007340

Software Version: 19.1.1.0

EIN: 82-5465082

Name: Center for Plant Science and Health

Schedule A (Form 990 or 990-EZ) 2018

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

Facts And Circumstances Test

Name         Employer identification number           Center for Plant Science and Health         82-5465082	SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	- DO NOT PROCESS As Filed Data - Supplemental Information to Form Complete to provide information for responses to sp Form 990 or 990-EZ or to provide any additiona Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest	990 or 990-EZ pecific questions on al information.	N: 93493303012309 OMB No 1545-0047 2018 Open to Public Inspection
82-5465082	Namel Betherolganization		Employer ider	
	Center for Plant Science and H			
990 Schedule O, Supplemental Information	990 Schedule O, Sup			

Return Reference	Explanation
Form 990, Part VI, Line 11B	The organization emailed copies of the 990 and schedules to each Board member for an affirmation vote prior to filing