## Form 990-EZ

**Return of Organization Exempt From Income Tax**

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

> Do not enter social security numbers on this form as it may be made public.
> Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>4,408.</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>5,388.</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>3.</td>
</tr>
<tr>
<td>Investment income</td>
<td>4.</td>
</tr>
<tr>
<td>a Gross amount from sale of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>c Gain (loss) from sale of assets other than inventory</td>
<td>5c</td>
</tr>
<tr>
<td>a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>b Gross income from fundraising events (not including such gross income and contributions exceeds $15,000)</td>
<td>6b</td>
</tr>
<tr>
<td>c Less: direct expenses from fundraising events</td>
<td>6c</td>
</tr>
<tr>
<td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
</tr>
<tr>
<td>17,526.</td>
<td></td>
</tr>
<tr>
<td>a Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>7c</td>
</tr>
<tr>
<td>8 Other revenue (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>475.</td>
<td></td>
</tr>
<tr>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>9</td>
</tr>
<tr>
<td>27,797.</td>
<td></td>
</tr>
<tr>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>10</td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td>12</td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
</tr>
<tr>
<td>Other expenses (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>22,181.</td>
<td></td>
</tr>
<tr>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>17</td>
</tr>
<tr>
<td>28,508.</td>
<td></td>
</tr>
<tr>
<td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)</td>
<td>18</td>
</tr>
<tr>
<td>61,332.</td>
<td></td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>19</td>
</tr>
<tr>
<td>60,621.</td>
<td></td>
</tr>
</tbody>
</table>

**Net Assets**

For Paperwork Reduction Act Notice, see the separate instructions.
### Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td></td>
<td>61,332.22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td></td>
<td>57,070.23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td></td>
<td>3,551.24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td></td>
<td>61,332.25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td></td>
<td>60,621.26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td></td>
<td>61,332.27</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Description</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-H Events: Provide opportunities to demonstrate &amp; reflect upon new project knowledge and skills, develop interview skills, and celebrate accomplishments.</td>
<td>(Grants $250.) If this amount includes foreign grants, check here</td>
<td>28a 11,752.</td>
</tr>
<tr>
<td>4-H Projects: Provides in-depth experience in project areas appealing for young people to support the development of project specific skills as well as leadership, citizenship &amp; life skills.</td>
<td>(Grants $180.) If this amount includes foreign grants, check here</td>
<td>29a 8,043.</td>
</tr>
<tr>
<td>4-H Auctions: Proceeds from the Auction go to the winning 4-H youth with a portion of the funds designated to further Minnesota 4-H programs.</td>
<td>(Grants $310.) If this amount includes foreign grants, check here</td>
<td>30a 3,101.</td>
</tr>
<tr>
<td>Other program services (describe in Schedule O)</td>
<td>See Schedule O</td>
<td>31a 1,675.</td>
</tr>
<tr>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td></td>
<td>32 24,571.</td>
</tr>
</tbody>
</table>

### Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (if not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbie Oquist  President</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Andrew Belland Vice President</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Daisy Koffler Secretary</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shannah Nelson Youth Treasurer</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wendy Tchida Adult Treasurer</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Part V: Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. 

33. Did the organization engage in any significant activity not previously reported to the IRS? 
   [ ] Yes [ ] No 

34. Were any significant changes made to the organizing or governing documents? If ‘Yes,’ attach a conformed copy of the amended documents if they reflect a change to the organization’s name; otherwise, explain the change on Schedule O. See instructions. 
   [ ] Yes [ ] No 

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 
   [ ] Yes [ ] No 
   b. If ‘Yes’ to line 35a, has the organization filed a Form 990-T for the year? If ‘No,’ provide an explanation in Schedule O. 
   [ ] Yes [ ] No 
   c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If ‘Yes,’ complete Schedule C, Part III. 
   [ ] Yes [ ] No 

36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If ‘Yes,’ complete applicable parts of Schedule N. 
   [ ] Yes [ ] No 

37a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 
   [ ] Yes [ ] No 
   b. If ‘Yes,’ complete Schedule L, Part II and enter the total amount involved. 
   [ ] N/A 

38a. Did the organization receive any payments for indoor tanning services during the year? 
   [ ] Yes [ ] No 

39. Section 501(c)(7) organizations. Enter: 
   a. Initiation fees and capital contributions included on line 9. 
      [ ] N/A 
   b. Gross receipts, included on line 9, for public use of club facilities. 
      [ ] N/A 

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 
   a. Section 4911. 
      [ ] 0. 
   b. Section 4912. 
      [ ] 0. 
   c. Section 4955. 
      [ ] 0. 

41. List the states with which a copy of this return is filed. 
   [ ] None 

42a. The organization’s books are in care of 
   [ ] Pine County 4-H Federation MN 
   Located at 635 Northridge Dr NW #280 Pine City MN 
   Telephone no. 320-591-1650 
   ZIP + 4 55063 

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here. 
   [ ] Yes [ ] No 

44a. Did the organization maintain any donor advised funds during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   [ ] Yes [ ] No 
   b. Did the organization operate one or more hospital facilities during the year? If ‘Yes,’ Form 990 must be completed instead of Form 990-EZ. 
   [ ] Yes [ ] No 
   c. Did the organization receive any environmental protection operating or management services during the year? 
   [ ] Yes [ ] No 
   d. If ‘Yes’ to line 44c, has the organization filed a Form 720 to report these payments? 
   [ ] Yes [ ] No 

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 
   [ ] Yes [ ] No 
   b. Did the organization receive any contributions from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If ‘Yes,’ Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. 
   [ ] Yes [ ] No
Part VI 501(c)(3) Organizations Only

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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.

Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Did the organization make any transfers to an exempt non-charitable related organization?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>49a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000

Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check [ ] if self-employed

PTIN

Non-Paid Preparer

Firm's name

Firm's address

Firm's EIN

Phone no.

Firm’s name

Firm’s address

Firm’s EIN

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.

Yes [ ]  No [ ]
### Public Charity Status and Public Support

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

- Attach to Form 990 or Form 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

#### Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(vii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10. An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
   a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
   b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
   c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
   d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
   e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
   f. Enter the number of supported organizations
   g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support

Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2017</th>
<th>(c) 2016</th>
<th>(d) 2015</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14 %</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2017 Schedule A, Part II, line 14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 %</td>
</tr>
<tr>
<td>16a</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')</td>
<td>4,766.</td>
<td>2,156.</td>
<td>4,370.</td>
<td>4,477.</td>
<td>4,408.</td>
<td>20,177.</td>
</tr>
<tr>
<td>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.</td>
<td>7,073.</td>
<td>7,046.</td>
<td>14,035.</td>
<td>11,196.</td>
<td>5,388.</td>
<td>44,738.</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td>57,923.</td>
<td>57,723.</td>
<td>59,911.</td>
<td>52,370.</td>
<td>49,002.</td>
<td>276,929.</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5.</td>
<td>69,762.</td>
<td>66,925.</td>
<td>78,316.</td>
<td>68,043.</td>
<td>58,798.</td>
<td>341,844.</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6.</td>
<td>69,762.</td>
<td>66,925.</td>
<td>78,316.</td>
<td>68,043.</td>
<td>58,798.</td>
<td>341,844.</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</td>
<td>1,135.</td>
<td>82.</td>
<td>75.</td>
<td>94.</td>
<td>475.</td>
<td>1,861.</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12).</td>
<td>70,897.</td>
<td>67,007.</td>
<td>78,391.</td>
<td>68,137.</td>
<td>59,273.</td>
<td>343,705.</td>
</tr>
<tr>
<td>14 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.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).</td>
<td>99.46 %</td>
<td>99.46 %</td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15.</td>
<td>99.61 %</td>
<td>99.61 %</td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).</td>
<td>0.00 %</td>
<td>0.00 %</td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17.</td>
<td>0.00 %</td>
<td>0.00 %</td>
<td></td>
</tr>
<tr>
<td>19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Section A. All Supporting Organizations

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

2. Did the organization have any supported organization that does not have an IRS determination of status under section 501(c)(3) or (4)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 501(c)(3) or (4).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (foreign supported organization)? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's governing document authorizing such action; (iv) how the action was accomplished (such as by amendment to the governing document).

5b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's governing document?

5c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
**Part IV Supporting Organizations (continued)**

<table>
<thead>
<tr>
<th>11</th>
<th>Has the organization accepted a gift or contribution from any of the following persons?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
</tr>
</tbody>
</table>

| 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 B. Type I Supporting Organizations**

| 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |

**Section C. Type II Supporting Organizations**

| 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? |

| 2 | Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If ‘No’, explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). |

| 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 Part VI the role the organization’s supported organizations played in this regard. |

**Section D. All Type III Supporting Organizations**

| 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? |

| 2 | Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If ‘No’, explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). |

| 3 | 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 position that its supported organization(s) would have engaged in these activities but for the organization’s involvement. |

**Section E. Type III Functionally Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th>1</th>
<th>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Activities Test. Answer (a) and (b) below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If ‘Yes’, then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</td>
</tr>
<tr>
<td>b</td>
<td>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 position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Parent of Supported Organizations. Answer (a) and (b) below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>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.</td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A – Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B – Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C – Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6.</strong></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017 ...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017 .......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018 .......</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

---

**Part III, Line 12 - Other Income**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous Income</td>
<td>$ 475.</td>
<td>$ 94</td>
<td>$ 75</td>
<td>$ 82</td>
<td>$ 1,135</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 475</td>
<td>$ 94</td>
<td>$ 75</td>
<td>$ 82</td>
<td>$ 1,135</td>
</tr>
</tbody>
</table>
**SCHEDULE G**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

---

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

- Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Part I**
Fundraising Activities. Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

1. **Mail solicitations**
2. **Internet and email solicitations**
3. **Phone solicitations**
4. **In-person solicitations**
5. **Solicitation of non-government grants**
6. **Solicitation of government grants**
7. **Special fundraising events**

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  

- Yes  
- No

**b** If ‘Yes,’ list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

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

**Schedule G** (Form 990 or 990-EZ) 2018

**TEEA3701L  07/02/18**
**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Event</th>
<th>Gross receipts</th>
<th>Contributions</th>
<th>Gross income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17,102</td>
<td>24</td>
<td>17,078</td>
</tr>
<tr>
<td>2</td>
<td>16,744</td>
<td>24</td>
<td>16,744</td>
</tr>
<tr>
<td></td>
<td>12,352</td>
<td></td>
<td>12,352</td>
</tr>
<tr>
<td></td>
<td>46,198</td>
<td>24</td>
<td>46,174</td>
</tr>
</tbody>
</table>

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>event</th>
<th>Gross revenue</th>
<th>Cash prizes</th>
<th>Noncash prizes</th>
<th>Rent/facility costs</th>
<th>Other direct expenses</th>
<th>Volunteer labor</th>
<th>Direct expense summary</th>
<th>Net gaming income summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states?
   b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
   b If 'Yes,' explain:
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility .......................................................... 13a %
   b An outside facility .................................................................. 13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name ▶........................................................................

   Address ▶........................................................................

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No
   b If ‘Yes,’ enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $
   c If ‘Yes,’ enter name and address of the third party:

   Name ▶........................................................................

   Address ▶........................................................................

16 Gaming manager information:

   Name ▶........................................................................

   Gaming manager compensation $

   Description of services provided ▶ .................................................................

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
Form 990-EZ, Part I, Line 8
Other Revenue

Misc income........................................ $ 475.

Total $ 475.

Form 990-EZ, Part I, Line 16
Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Grants</th>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Fees</td>
<td>$ 106</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$ 888</td>
<td></td>
</tr>
<tr>
<td>Ear Tag Expense</td>
<td>$ 273</td>
<td></td>
</tr>
<tr>
<td>Fair Premium Expenses</td>
<td>$ 645</td>
<td></td>
</tr>
<tr>
<td>Food/Meals</td>
<td>$ 3,080</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>$ 408</td>
<td></td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$ 65</td>
<td></td>
</tr>
<tr>
<td>Other Program Expenses</td>
<td>$ 403</td>
<td></td>
</tr>
<tr>
<td>Program Supplies</td>
<td>$ 1,549</td>
<td></td>
</tr>
<tr>
<td>Promotion &amp; Marketing</td>
<td>$ 3,048</td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$ 4,306</td>
<td></td>
</tr>
<tr>
<td>Ribbon Auction Payment</td>
<td>$ 2,901</td>
<td></td>
</tr>
<tr>
<td>State Dues Expense</td>
<td>$ 118</td>
<td></td>
</tr>
<tr>
<td>Travel &amp; Meetings</td>
<td>$ 1,734</td>
<td></td>
</tr>
<tr>
<td>Trophies &amp; Plaques</td>
<td>$ 2,657</td>
<td></td>
</tr>
</tbody>
</table>

Total $ 22,181.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To engage youth, in partnership with adults, in quality learning opportunities that enable them to shape and reach their full potential as active citizens in a global community.

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Description</th>
<th>Grants</th>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-H Camps &amp; Adventures: Exposes youth to new short-term learning opportunities and promotes on-going engagement in positive endeavors outside of school.</td>
<td>310.</td>
<td>876.</td>
</tr>
<tr>
<td>Includes Foreign Grants: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-H Ambassadors/Youth Leadership: Youth learn valuable leadership skills they will use in their communities throughout their lives.</td>
<td></td>
<td>799.</td>
</tr>
<tr>
<td>Includes Foreign Grants: No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $ 310. $ 1,675.
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ........................................ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ......................................................... No
Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

Go to www.irs.gov/Form4562 for instructions and the latest information.

2018

Pine County 4-H Federation MN
4-H Federation MN
Business or activity to which this form relates

Form 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Listed property. Enter the amount from line 29. 

Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 

Tentative deduction. Enter the smaller of line 5 or line 8. 

Carryover of disallowed deduction from line 13 of your 2017 Form 4562. 

Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 

Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 

Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12. 

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.

Property subject to section 168(f)(1) election.

Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

MACRS deductions for assets placed in service in tax years beginning before 2018.

If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B — Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

<table>
<thead>
<tr>
<th>Classification of property</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only = see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 a 3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e 15-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f 20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g 25-year property</td>
<td></td>
<td></td>
<td>25 yrs</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Residential rental</td>
<td></td>
<td></td>
<td>27.5 yrs</td>
<td>MM S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Nonresidential real</td>
<td></td>
<td></td>
<td>39 yrs</td>
<td>MM S/L</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C — Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

<table>
<thead>
<tr>
<th>Class life</th>
<th>Month and year placed in service</th>
<th>Basis for depreciation (business/investment use only = see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 a 12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 30-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

BAA For Paperwork Reduction Act Notice, see separate instructions.
**Form 4562 (2018)**

**Pine County 4-H Federation MN**

**41-1986147**

**Page 2**

### Part V  Listed Property

(Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

#### Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/ investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/ Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>24a Do you have evidence to support the business/investment use claimed?</td>
<td>Yes</td>
<td>No</td>
<td>24b If &quot;Yes,&quot; is the evidence written?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions ........................................ 25

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

| Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. | 28 |

| Add amounts in column (j), line 26. Enter here and on line 7, page 1. | 29 |

### Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<table>
<thead>
<tr>
<th>30 Total business/investment miles driven during the year (don't include commuting miles).</th>
<th>(a) Vehicle 1</th>
<th>(b) Vehicle 2</th>
<th>(c) Vehicle 3</th>
<th>(d) Vehicle 4</th>
<th>(e) Vehicle 5</th>
<th>(f) Vehicle 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Total commuting miles driven during the year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Total other personal (noncommuting) miles driven.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Total miles driven during the year. Add lines 30 through 32.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Was the vehicle available for personal use during off-duty hours?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>35 Was the vehicle used primarily by a more than 5% owner or related person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Is another vehicle available for personal use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. | | |

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.

### Part VI  Amortization

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 Amortization of costs that begins during your 2018 tax year (see instructions):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Amortization of costs that began before your 2018 tax year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 Total. Add amounts in column (f). See the instructions for where to report.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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