ef	ile G	RAPHIC p	rint - DO NOT PROCESS	As Filed Data -			DLN:	93492198008209
				Short	Form			0MB No 1545-1150
Fο	r m 9	9 Q E Z	Return of Or	ganization F	Exempt From	m Income	Tax	0040
. •	2			•	<u>-</u>			<b>.</b> 2018
			Under section S0I(c), 527, or	4947(a)(1) of the Ir	iternal Revenue	except privat	e foundations	,
_		C.A.	▶ Do not enter soc	ial security numbers	on this form as it	may be m de pul	olid	Open to
•	Jrtnk'nt un	of the	N Co to us	ww.irs.gov/Form99	OOE7 for the	. Jeanna an		Polic
		enue Service			OCC TOT LITE IN	norma on.		Insp <mark>rovio</mark> n
		ne <b>2018 cal</b> Of applicable	endar year, or tax year begin  C Name of organization	nmg 01-01-2018	, and end	lmg 12-31-2018	7 25	4
		a applicable s change	JCAW FOUNDATION INC				1 ' '	r 1dent1f1cat1ot number
	Name d	-	Number and street (or P O b	ox. 1f mall 1s not delivere	d to street address)		27-37345 <b>E</b> Telephone	
	Initial re		1819 L STREET NW NO B2	-,	1	.Room/su1te		
		turn/terminate ed return	City or town, state or province	e, country, and ZIP or fo	reign postal code		<u> </u>	202) 463-3947
		1on pending	WASHINGTON, DC 20036				F Group Exe Number	mption ▶
G A	ccount	ting Method	0 Cash □ Accrual Other (s	specify) <b>&gt;</b>				organ1zat1on 1s <b>not</b>
						- 1-	ed to attach So 990, 990-EZ,	
			AWF ORG/ENGLISH			_	,	,
J <b>T</b> a	ax-exer	mpt status (	theck only one) - 0 501(c)(3) $\Diamond$ D	501(c)( ) <b>∢</b> (insert no )	D 4947(a)(1) or D	527		
ΚF	om of	organ1zat1on	0 Corporation ☐ Trust ☐ As	soc1at1on 🗆 Other		<del>'</del>		_
			d 7b to line 9 to determine gross					
		-	e, file Form 990 instead of Form					
_	nii	L Reven Check 1	ue, Expenses, and Change fthe organization used Schedule	<b>Oto respond to any</b>	<b>or Fund Balanc</b> guestion in this Pa	<b>es</b> (see the Instru rt I	ctions for Part	1)
	1		ns, gifts, grants, and s1m1lar amo					166,846
	2		ervice revenue 1ndud1ng governm				2	14,863
	3		dues and assessments				3	
	4	Investment	income				4	
	Sa		unt from sale of assets other tha		т т			
	b	Less cost	or other basis and sales expense	, S	Sb			
	С	Gain or (los	ss) from sale of assets other than	n inventory (Subtract	line Sb from line S	Sa)	. Sc	
	6	Gaming and	d fundra1s1ng events					
222	а	Gross incor	ne from gaming (attach Schedul	e G If greater than \$3	15,000) <b>[ 6a ]</b>			
์ เกเ	b	Gross incor	ne from fundra1sing events (not	including \$	of contr	ributions from		
 Œ	-		events reported on line 1) (atta		0. 00.10.			
		sum of such	n gross income and contributions	exceeds \$15,000)	<u></u>			
	c	Less direct	expenses from gaming and fund	dra1sing events	<u>[</u> 6c ]			
	d	Net income	or (loss) from gaming and fundr	a1s1ng events (add li	nes 6a and 6b and	subtract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and a	llowances	$\underline{f I}$ 1a $ \underline{f I}$			
	b	Less cost	of goods sold		<u>[</u> 76 ]			
	С	Gross profit	t or (loss) from sales of inventor	y (Subtract line 7b fro	om line 7a)		. 7c	
	8	Other rever	nue (describe 1n Schedule 0)				. 8	
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, Sc, 6d	, 7c, and 8			▶ 9	181,709
	10	Grants and	s1m1lar amounts paid (11st 1n Sch	nedule 0)			. 10	150,800
	11	Benefits pa	id to or for members				. 11	
23	12	Salaries, ot	ther compensation, and employed	e benefits			. 12	
" 	13	Professiona	I fees and other payments to inc	dependent contractors	5		. 13	6,805
Ехр≎≀	14	Occupancy,	rent, utilities, and maintenance				. 14	2,400
ш	15		ıbl1cat1ons, postage, and shipping				. 15	137
	16	•	nses (describe in Schedule 0)	•			. 16	65,259
_	17		enses. Add lines 10 through 16				<b>▶</b> 17	225,401
Ð	18	-	def1c1t) for the year (Subtract lin	-			. 18	-43,692
:±£	19		or fund balances at beg1nn1ng of		column (A)) (must	agree with		,
:l: •		•	r figure reported on prior year's	•			. 19	351,582
ź	20		ges in net assets or fund balance	` .	,		. 20	0
	21 Bana		or fund balances at end of year uction Act Notice, see the ser			Cat No. 106421	. 21	307,890 Form <b>990-F7</b> (2018)
-01	rane	. WOLK KOU	uccion act Notice. See the ser	iaiale iNSTRUCTIONS.		1 DT NO 1(16/17)1		FORM 440-1-7. (2019)

Form 990-EZ (2018)  Balance Sheets (see the	,				Page 2
Check If the organization us	sed Schedule Oto respond to any	·			
22 Cash, savings, and investments .		(A) B	Seg1nn1ng of year 351,582	22	(B) End of year 307,890
23 Land and buildings			331,302	23	307,030
24 Other assets (describe h Schedule 0				24	
25 Total assets			351,582	25	307,890
<b>26 Total liabilities</b> (describe h Schedu	le 0)		0	26	0
27 Net assets or fund balances (line			351,582	27	307,890
	Service Accomplishments sed Schedule Oto respond to any		rt III)	(Red	<b>Expenses</b> quired for section 501(c)
What Is the organization's primary exem THE FOUNDATION IS ORGANIZED EXCLU SCIENTIFIC PURPOSES, INCLUDING, FOR THAT QUALIFY AS EXEMPT ORGANIZATION CORRESPONDING SECTION OF ANY FUTU Describe the organization's program serv	JSIVELY FOR CHARITABLE, RELIGI R SUCH PURPOSES, THE MAKING DNS UNDER SECTION 501(C)(3) ( URE FEDERAL TAX CODE	OF DISTRIBUTIONS TO ( OF THE INTERNAL REVEN	ORGANIZATIONS IUE CODE, OR THE		and 501(c)(4) inIzatIons, optional for irs )
measured by expenses In a clear and cobenefited, and other relevant Information		es provided, the number	of persons		
28					
See Add1t1onal Data Table					
(Cranted )	If this amount includes foreign gra	ents shock horo	▶ □	20-	
(Grants\$ ) 1 29 See Add1t1onal Data Table	Tulis amount includes foreign gra	ints, check here		28a 29a	
(Grants\$ )	If this amount includes foreign gra	ints, check here	. ▶ □		
30 See Add1t1onal Data Table	- cine amount module for e.g., gra	may eneck here I	· , —	30a	
(Grants\$ )	If this amount includes foreign gra	ints, check here	. ▶ 🗆		
<b>31</b> Other program services (describe in §	Schedule 0)		· · <u>·</u> ·		
· · /	If this amount includes foreign gra	ints, check here	. ▶ 🗆	31a	
32 Total program service expenses (				32	213,341
	s, Trustees, and Key Employees sed Schedule Oto respond to any			Instruct	ions for Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid,	(d) Health bend contributions to en benefit plans, deferred compen	nployee and	(e) Estimated amount of other compensation
GO EGUCHI	1 00	<b>enter -0-)</b>		0	0
	100			Ū	
TRUSTEE	1 00	0		0	0
YASUSHI MATSUNO	1 00			U	
TRUSTEE					
AKIHIKO NAKAZONO	1 00	0		0	0
TRUSTEE					
HIROYUKI TAKAI	1 00	0		0	0
TRUSTEE					
TETSUO IGUCHI	1 00	0		0	0
PRESIDENT					
YOICHI MINEO	2 00	0		0	0
TREASURER					
YUJI GONDA	2 00	0		0	0
SECRETARY					
3251.27.11.					
					+
					Form <b>QQ0-F7</b> (2018)

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9			
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities			
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
section 4911 0, section 4912 0, section 4955 0			
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did <b>1</b> engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or d1squalif1ed persons during the year under sect1ons4912, 4955, and 4958			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	+	No
42a			
The organization's books are in care of <u>THEORGANIZATION</u> Telephone no	(202)	373-6177	<u>'—</u>
Located at <u>1819 LSTREET NW SUITE B2 WASHINGTON, DC</u> ZIP + 4	20036		
		Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest h or a signature or other authority over a financial account h a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for F1nCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S?	42c		No
If "Yes," enter the name of the foreign country			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•		
and enter the amount of tax-exempt interest received or accrued during the tax year I 43		<del></del>	
r		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	44a		No
<b>b</b> Did the organization operate one or more hospital fac11itles during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	44d		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	Form	990-EZ	(2018)

m 990-E	EZ (2018)						Page
						Yes	No
	the organIzatIon engage, directly or 1nd1rec idates for public off1œ7 If "Yes," complete			of or h opposition to	46		No
rt VI	Section 501(c)(3) organizations All section 501(c)(3) organizations		ions 47- 49b and 52	, and complete the t	tables for l	ines 50	and
	51. Check If the organization used Schedule	Oto respond to any o	juestion in this Part VI	• • • • • • • • •		• • •	
						Yes	No
	che organIzatIon engage n lobbying actIvItI es," complete Schedule C, Part II	es or have a section 5	01(h) election in effect	during the tax year7	. 47		No
Is the	e organization a school as described h sec	tion 170(b)(l)(A)(11)7	If "Yes," complete Scho	edule E .	. 48		No
. Did tl	the organization make any transfers to an	exempt non-charitable	related organizat1on7		. 49a		No
If "Y€	es," was the related organIzatIon a section	527 organizat1on7 .			. 49b		
	plete this table for the organization's five heach received more than \$100,000 of com				ees and key	employ	ees)
(a)	) Name and title of each employee	(b) Average hours per week devoted to posItIon	(c) Reportable compensation (Forms W-2/1099-MISC)	( <b>d)</b> Health benefits contributions to emplo benefit plans, and deferred compensati	oyee of othe	timated er compe	
IE							
Tota	al number of other employees paid over \$	100,000			 		
	al number of other employees paid over \$				 ore than \$10	- <b></b> 0,000 o	f
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five h	nighest compensated in none, enter "None "	· 	who each received mo	ore than \$10		
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five beensation from the organization . If there <b>E</b>	nighest compensated in none, enter "None "	· 				
Comp	plete this table for the organization's five hoensation from the organization. If there is (a) Name and business address of e	nighest compensated in none, enter "None " ach independent contr	actor				
Comp comp	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and business address of e	nighest compensated in none, enter "None "  ach independent contr	\$100,000.	(b) Type of service			
Comp comp	plete this table for the organization's five hoensation from the organization. If there is (a) Name and business address of e	righest compensated in none, enter "None " ach independent contr ach independent contr ach receiving over	\$100,000.	(b) Type of service			
Comp comp	plete this table for the organization's five hoensation from the organization. If there is  (a) Name and business address of e	righest compensated in none, enter "None " ach independent control ach indepen	\$100,000. \$100,000 mu	(b) Type of service	(c) Compo	B D D best of	
Comp comp IE  I Tota  Diccorrect pena	plete this table for the organization's five hoensation from the organization. If there is (a) Name and business address of each of the organization complete schedule A7 mpleted Schedule A • • • • • • • • • • • • • • • • • •	righest compensated in none, enter "None " ach independent control ach indepen	\$100,000. \$100,000 mu	(b) Type of service	(c) Compo	B D D best of	
Comp comp IE I Tota Dic cor er pena wledge any kno	al number of other independent contractor of the organization completed Schedule A7 Medical Schedule A    alticular of periury, I declare that I have examined belief, I & true, correct, and completed schedule A    being the property of the organization of the organization completed Schedule A    altices of periury, I declare that I have examined belief, I & true, correct, and completed schedule A    being the organization organiza	righest compensated in none, enter "None " ach independent control ach indepen	\$100,000. \$100,000 mu	(b) Type of service	(c) Compo	B D D best of	
Comp comp	al number of other independent contractor d the organization complete Schedule A7 Mmpleted Schedule A • • • • • • • • • • • • • • • • • •	righest compensated in none, enter "None " ach independent control ach indepen	\$100,000. \$100,000 mu	(b) Type of service	(c) Compo	B D D best of	
Comp comp	al number of other independent contractor d the organization complete Schedule A7 Mmpleted Schedule A • • • • • • • • • • • • • • • • • •	righest compensated in none, enter "None " ach independent control ach indepen	\$100,000. \$100,000 mu	st attach a , ,  bedules and statements, be based on all 1nforma  I 2019-07-17 Date	(c) Compo	B D D best of	
Comp comp IE If Tota Diccor er pena wledge any kno	al number of other independent contractor d the organization complete Schedule A7 Mempleted Schedule A7 Memple	righest compensated in none, enter "None "  ach independent contress each receiving over  seach receiving over  sometime of this return, include this return, include the peclaration of preparation of p	\$100,000	st attach a , ,  bedules and statements, be based on all 1nforma  I 2019-07-17 Date	(c) Compo	B D D best of	
Comp comp	(a) Name and business address of each of the organization is five hornsation from the organization. If there is (a) Name and business address of each of the organization complete schedule A7 in many many many many many many many man	righest compensated in none, enter "None "  ach independent control  ac	\$100,000	st attach a  nedules and statements, be based on all 1nforma  I 2019-07-17  Date	(c) Composition (c) Compositi	B D D best of	
Comp comp	(a) Name and business address of each of the organization is five hornsation from the organization. If there is (a) Name and business address of each of the organization complete schedule A7 in many many many many many many many man	righest compensated in none, enter "None " ach independent control of the i	\$100,000	st attach a  nedules and statements, s based on all 1nforma  1 2019-07-17 Date  Check f p	(c) Composition (c) Yes, and to the attorn of which 2428965	B D D best of	

## **Additional Data**

Software ID: Software Version:

**EIN:** 27-3734561

Name: JCAW FOUNDATION INC

**Expenses** 

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

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.	` (c	quired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)
COMMUNITY RELATIONS PROGRAM - FOR OUR COMMUNITY RELATIONS PROGRAMS OF 2018, WE PROVIDED OUR SUPPORT AND COOPERATION TO THE PROGRAMS LISTED IN SCHEDULE O(GRANTS)THAT DEMONSTRATED THE SOCIAL SIGNIFICANCE, THE SENSE OF COMMUNITY (LIMITED TO THE WASHINGTON, D C COMMUNITY), THE RELEVANCE TO JAPAN, NON-POLITICS, AND THE SENSE OF NECESSITY WE ARE COMMITTED TO CONTINUE TO PROVIDE OUR SUPPORT AND COOPERATION TO THE GROUPS REQUESTING ASSISTANCE BASED ON THE ABOVE CRITERIA THIS PROGRAM INCLUDED GRANTS TO 7 ORGANIZATIONS IN THE AREA  (Grants \$ 123,335)  If this amount includes foreign grants, check here	28a	123,335

Form 990EZ, Part III - Statement of Program Service Accomplishments		
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.	` (c	Expenses quired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)
29	29a	27,465

29	29a	27,465
SUPPORT FOR JAPANESE LANGUAGE EDUCATION IN THE US - THE EDUCATION OF JAPANESE-SPEAKING		·
AMERICANS IS AN EXTREMELY IMPORTANT ISSUE FOR NURTURING THE NEXT GENERATION OF INDIVIDUALS		
WHO WILL TAKE ON THE RESPONSIBILITY FOR THE U.SJAPAN RELATIONS AND FOR STREGTHENING THE		
FOUNDATION OF THE U.SJAPAN PARTNERSHIP WITH THIS IN MIND, THE JCAWF DECIDED TO ESTABLISH		
MULTIPLE PROJECTS WHICH, BY SUPPORTING JAPANESE EDUCATION IN THE WASHINGTON, D.C. METROPOLITAN		
AREA IN VARIOUS WAYS, TOGETHER PROVIDE OPPORTUNITIES FOR YOUNG AMERICANS TO LEARN ABOUT JAPAN		
AND ITS CULTURE, FOSTERING INTEREST IN JAPANESE LANGUAGE STUDY, AND ULTIMATELY PROVIDING THESE		
YOUTHS WITH OPPORTUNITIES TO CONSIDER CAREERS THAT UTILIZE THEIR JAPANESE LANGUAGE SKILLS THIS		
PROGRAM INCLUDED GRANTS TO 13 SCHOOLS, UNIVERSITIES AND EDUCATIONAL ORGANIZATIONS IN THE		
AREA		
(Grants \$ 27,465)     If this amount includes foreign grants, check here $$ $\blacktriangleright$		

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.

30

1APANESE NEW YEAR'S FESTIVAL IN WASHINGTON - THE TAPANESE NEW YEAR'S FESTIVAL IN WASHINGTON WAS

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



lefile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:934921980082091					
TY 2018 Transfers Personal Benefits								
Contracts Declaration								
Name:	JCAW FOUNDA	TION INC						
EIN:	27-3734561							
Declaration:	FUNDS, DIRECT PERSONAL BEI DURING THE Y	ATION DID NOT, DURING TH TLY,OR INDIRECTLY, TO PA' NEFIT CONTRACT.THE ORGA EAR, PAY ANY PREMIUMS, I DN A PERSONAL BENEFIT CO	Y PREMIUMS ON A NIZATION, DID NOT, DIRECTLY,OR					

efil	e GR	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN:9	3492198008209
SCI	HED	ULE A		Public (	Charity Status	s and Puk	olic Sunno	ort	0MB No 1545-0047
Œ 000		Comp		rganization is a sect 4947(a)( 1) nonexe Attach to Form	ion 501(c)(3) o empt charitable	organization or trust.		2018	
		f the TreJun		Goto	www.irs.gov/Forms			•	Open to Public Inspection
Nam	e of th	ne organiza 5H€B -B7	tion					Employer identific	
4 JK	. 01 00	31FCD 497						27-3734561	
	rt I				us (All organ1zat1on			See instructions.	
The c	organiz	ation & not	a private found	ation because	It is (For lines 1 thro	ough 12, check o	nly one box )		
1		A church, o	convention of c	hurches, or as	socIatIon of churches	described h sec	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in <b>sec</b> t	tion 170(b)(	1)(A)(ii). (Attach Sch	hedule E (Form 9	90 or 990-EZ) )		
3		A hospital	or a cooperativ	e hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical name, city,		zatIon operate	ed in coniunctIon with	a hospital descri	bed h <b>section</b>	170(b)(1)(A)(iii). E	inter the hospital's
5		(b)(l)(A)	(iv). (Complete	e Part II )	t of a college or unive				bed in <b>section 170</b>
6		,	, ,	•	governmental unit de		( // //	,,	
7	_	section 17	70(b)(1)(A)(v	<b>i).</b> (Complete	•	• •		unit or from the gener	al public described In
8	Ш	A communi	ty trust describ	oed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or unIversIty or a
10		from actIvIt investment	Ies related to income and u	its exempt fur nrelated busin	(1) more than 331/3% act1ons-subJect to cer ess taxable income (learn)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized	and operated	I exclusively to test fo	r public safety S	See section 509	(a)(4).	
12		more public	cly supported o	organizations (	I exclusively for the bedescribed In section 5 the type of supporting	509(a)(1) or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A sorgan1zat1c	supporting orga	anization oper to regularly a	ated, supervised, or cappoint or elect a maJo	ontrolled by its s	upported organiz	zat1on(s), typically by	
b		manageme		orting organIza	ervised or controlled I atIon vested In the sar and C.				
C			•	-	supporting organizations) <b>You must com</b>	•		, -	ited with, its
d		functionally	integrated Th	ne organIzatIo	<ul><li>d. A supporting organing generally must satist</li><li>t IV, Sections A and</li></ul>	fy a d1stribut1on			
е			_		ved a written determir integrated supporting		RS that <b>I</b> is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported of	organIzatIons				_	
g	Provi	de the follow	1na information	n about the su	ooorted oraan1zat1on(	(s)			
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organIzatIon (described on lines 1- 10 above (see instructions))	(iv) Is the org. h your govern	anization listed ing document?	(v) Amount of monetary support (see 1nstruct1ons)	(vi) Amount of other support (see 1nstructions)
						Yes	No		
Tota					 nstructions for	Cat No 11285			<u> </u> 90 or 990-EZ) 2018

1nstruct1ons

	(Complete only If you che	ecked the box or	n line 5, 7, 8, or	9 of Part I or 1f	the organ1zat1or	n failed to qua	lify under Part
	III. If the organization fa	ills to qualify und	der the tests list	ed below, please	complete Part	III.)	
S	ection A. Public Support						Т
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d)2017	<b>(e)</b> 2018	(f) Total
_	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	53,875	140,396	220,398	144,350	166,846	725,865
	Tax revenues levied for the organ1zat1on's benefit and either paid to or expended on its behalf						
_	The value of services or fac11itles furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	53,875	140,396	220,398	144,350	166,846	725,865
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						242,146
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4						483,719
s	ection B. Total Support			-			-
	Calendar year	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ▶						
7	Amounts from line 4 Gross income from interest,	53,875	140,396	220,398	144,350	166,846	725,865
8	d1v1dends, payments received on						
	securities loans, rents, royalties and						
	income from s1m1lar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business 1s regularly earned on Other income Do not include gain or						+
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						725,865
12	10 Gross receipts from related activities, 6	etc (see Instruction	ne)			T 12 T	70 70
	•	•	•			<del></del>	78,789
13	First five years. If the Form 990 1s for	r the organization's	s first, second, thir	rd, fourth, or fifth t	tax year as a sect		•
	check this box and <b>stop here</b>				<del></del>	· · · · · · <b>P</b>	· 🗆
S	ection C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2018 (lin	ne 6, column (f) d1	v1ded by line 11, co	olumn (f))		14	66 640 %
15	Public support percentage for 2017 Sch	nedule A, Part II, li	ine 14			15	59 970 %
<b>16</b> a	<b>33</b> 1/30/o support test-2018. If the	organization did n	ot check the box o	on line 13, and line	14 1s 33 1/3% or	more, check thi	box
	and <b>stop here.</b> The organization qualif	1es as a publicly su	upported organizat	tion			<b>•</b>
b	33 1/30/o support test-2017. If the	e organ1zat1on did	not check a box or	n line 13 or 16a, ar	nd line 15 1s 33 1/	3% or more, che	ck this
	box and <b>stop here.</b> The organization	qualifies as a publ	icly supported orga	an1zat1on			<b>▶</b> D
17a	10%-facts-and-circumstances test Is 10% or more, and If the organization In Part VI how the organization meets	:-2018. If the organizers in meets the "facts-	an1zat1on did not o	check a box on line s" test, check this	box and stop her	r <b>e.</b> Explain	
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organization Explain in Part VI how the organization	ation meets the "fa	acts-and-circumsta	ances" test, check t	this box and <b>stop</b>	here.	▶□
18	supported organization <b>Private foundation.</b> If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box	and see	▶⊔

MifiiOM 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 )

5.	ection A. Public Support						
36	Calendar year						
	(or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from adm1ss1ons,						
	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 fac1l1t1es						
	furnished by a governmental unit to						
	the organIzatIon without charge						
6	<b>Total.</b> Add lines 1 through 5						
<b>7</b> a	Amounts included on lines 1, 2, and						
	3 received from d1squal1f1ed persons						
b	Amounts included on lines 2 and 3						
	received from other than d1squal1f1ed						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ection B. Total Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d)2017	<b>(e)</b> 2018	(f) Total
	(or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d)2017	<b>(e)</b> 2018	(f) Total
9	(or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d)2017	<b>(e)</b> 2018	(f) Total
9 0a	(or fiscal year beginning in) Amounts from line 6 Gross income from interest,	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d)2017	<b>(e)</b> 2018	(f) Total
	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, dlv1dends, payments received on securities loans, rents, royalties and income from slm1lar sources Unrelated business taxable income (less section 511 taxes) from	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
Oa b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
Oa b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included h line 10b,	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
Oa b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, dlv1dends, payments received on securities loans, rents, royalties and income from slm1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activItles not included in line 10b, whether or not the business is	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, dlv1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activ1tIes not included In line 10b, whether or not the business Is regularly earned on	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included ħ line 10b, whether or not the business & regularly earned on Other income Do not include gain or	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included h line 10b, whether or not the business & regularly earned on Other income Do not include gain or loss from the sale of capital assets	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b C 11	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included In line 10b, whether or not the business Is regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain In Part VI)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b C 11	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included h line 10b, whether or not the business & regularly earned on Other income Do not include gain or loss from the sale of capital assets	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d)2017	(e) 2018	(f) Total
0a b C 111 12	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from sIm1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItles not included h line 10b, whether or not the business b regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain h Part VI) Total support. (Add lines 9, 10c,						
Oa b	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included In line 10b, whether or not the business Is regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain In Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 Is for						rganization,
0a b c 111 12 13 4	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included In line 10b, whether or not the business Is regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain In Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 Is fo check this box and stop here	r the organ1zat1or	's first, second, th				
0a b c 111 12 13 4	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included In line 10b, whether or not the business is regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain In Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	r the organ1zat1or	's first, second, th	ird, fourth, or fiftl		ection 501(c)(3) o	rganization,
0a b C 111 12 13 4 Se 5	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItles not included h line 10b, whether or not the business b regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain h Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 b fo check this box and stop here ection C. Computation of Public services.	r the organization  Support Perce e 8, column (f) di	's first, second, the ntage livided by line 13,	ird, fourth, or fiftl		ection 501(c)(3) o	rganization,
0a b c 111 12 13 4	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItIes not included In line 10b, whether or not the business is regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain In Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	r the organization  Support Perce e 8, column (f) di	's first, second, the ntage livided by line 13,	ird, fourth, or fiftl		ection 501(c)(3) o	rganization,
0a b C 111 12 13 4 S 6 6	(or fiscal year beginning in) Amounts from line 6 Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business actIvItles not included h line 10b, whether or not the business b regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain h Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 b fo check this box and stop here ection C. Computation of Public services.	r the organization  Support Perce e 8, column (f) di Schedule A, Part II	's first, second, the ntage livided by line 13, II, line 15	ird, fourth, or fiftl		ection 501(c)(3) o	rganization,
0a b C 111 12 13 4 S 6 6	(or fiscal year beginning in)  Amounts from line 6  Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b Net income from unrelated business actIvItIes not included h line 10b, whether or not the business b regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain h Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 b for check this box and stop here ection C. Computation of Public services.	r the organization  Support Perce e 8, column (f) di Schedule A, Part II  ment Income	's first, second, the second of the second o	oird, fourth, or fiftle	n tax year as a se	ection 501(c)(3) o	rganization,
0a  b  C 11  12  13  4  Se 5 6  Se	(or fiscal year beginning in)  Amounts from line 6  Gross income from interest, d1v1dends, payments received on securities loans, rents, royalties and income from s1m1lar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b Net income from unrelated business actIvItIes not included h line 10b, whether or not the business & regularly earned on Other income Do not include gain or loss from the sale of capital assets (Explain h Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 & fo check this box and stop here ection C. Computation of Public section D. Computation of Investi	r the organization  Support Perce e 8, column (f) di Schedule A, Part II  ment Income 18 (line 10c, colur	's first, second, the second of the second o	oird, fourth, or fiftle	n tax year as a se	ection 501(c)(3) o	rganization,

ightharpoons

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20

b 33 1/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 % more than 33 1/3% and line 18 % not more than 33 1/3%, check this box and stop here. The organIzatIon qualifies as a publicly supported organIzatIon

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see Instructions Schedule A (Form 99 0 or 99 0-EZ) 201 8 Schedule A (Form 990 or 990-EZ) 2018 Page 4 **iffi** Supporting Organizations

(Complete only 1f 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 Supportma 0 raanizations

1	Are all of the organ1zat1on's supported of	orga
	TE IINIa II alaaandaa in Dant MT barri tha arri	

1	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If htstonc and continuing relat, onshtp, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)7 If "Yes," explain in <b>Part VI</b> how the organizat, on determined that the supported organization was described in section 500(a)(1) or (2)		
	in section 509(a)(1) or (2)		
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)7 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 tasks under section 500(c)(2). If "Yes " describe in <b>Part VI</b> when and how the greatest on made the		

determination

the public support tests under section 509(a)(2)7 If "Yes," describe in Part VI when and how the organizat, on made the Did the organ1zat1on ensure that all support to such organ1zat1ons was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organizat, on put in place to ensure such use

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

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported

organ1zat1on7 If "Yes," describe in Part VI how the organizat, on had such control and discretion despite being controlled or supervised by or in connection with ,ts supported organizations 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)7 If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organ1zat1on was used exclusively for section 170(c)(2)(8) purposes

Did the organization add, substitute, or remove any supported organizations during the tax year, If "Yes," answer (b) and (c) below (tf applicable) Also, provide detail in Part VI, including (1) the names and EIN numbers of the supported organtzat, ons added, substituted, or removed, (11) the reasons for each such action, (111) the authority under the

organizat, on's organizing document authorizing such action, and (1v) how the action was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organ1zat1on's organizing document?

provide detatl in Part VI.

answer line 10b below

8

10a

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 organ1zat1on's supported organizations? If "Yes," provide detatl in Part VI. 7

Did the organ1zat1on provide a grant, loan, compensation, or other s1m1lar payment to a substantial contributor (defined 1n section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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)

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organ1zat1on had an interest? If "Yes," provide detail in Part VI.

which the supporting organization also had an interest? If "Yes," provide detail in Part VL

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))7 If "Yes."

Did one or more d1squal1f1ed persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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,"

Did the organ1zat1on have any excess business holdings In the tax year, (Use Schedule C, Form 4720, to determine whether

7 8

Yes

3b

3c

4a

4b

4c

Sa

Sb

Sc

6

9a

9b

9с

10a

10b

No

Scł	ed	ule A (Form 990 or 990-EZ) 2018		F	Page 5
<u>Ľ</u>	<u>][</u>	Supporting Organizations (continued)			
		_		Yes	No
11		Has the organ1zat1on accepted a gift or contribution from any of the following persons?			
•	1	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	)	A family member of a person described in (a) above?	11b		
		A 35% controlled entity of a person described In (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	Uc		
_		tion B. Type I Supporting Organizations			
		The Lambardian organizations		Yes	No
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	1		
2		Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	е	tion C. Type II Supporting Organizations		Yes	No
1		Were a malority of the organization's directors or trustees during the tax year also a malority 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		
_	Sec	ction D. All Type III Supporting Organizations			
		addit 21 7 m 1 ype 222 Supporting Siguinzacions		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, (1) a written notice describing the type and amount of support provided during the prior tax year, (1) a copy of the Form 990 that was most recently filed as of the date of notification, and (11) 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 organ1zat1on's officers, directors, or trustees either (1) appointed or elected by the supported organ1zat1on (s) or (11) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organ1zat1on(s)				
			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		
_	Se	ction E Type III Functionally-Integrated Supporting Organizations			
1		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns)		
	a	D The organization satisfied the Activities Test Complete line 2 below			
	b	The organization 1s the parent of each of its supported organizations Complete line 3 below			
	С	D The organization supported a governmental entity Describe 1n Part VI how you supported a government entity (see	Instru	ct1ons)	
2		Activities Test Answer (a) and (b) below.		Yes	No
	а	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
		involvement	2b		
3		Parent of Supported Organizations Answer (a) and (b) below.			
	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide detatfs in Part VI</i> .	3a		
	b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations7 If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	<b>3</b> b		
	_				

Check here If the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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1 2

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**4 5** 

6

Current Year

Schedule A (Form 990 or 990-EZ) 2018

2 Acqu1s1t1on indebtedness applicable to non-exempt use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

M1n1mum asset amount for prior year (from Section B, line 8, Column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see

Subtract line 2 from line 1d

Multiply line 5 by 035

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions )

Income tax imposed in prior year

temporary reduction (see 1nstruct1ons)

Recoveries of prior-year d1stribut1ons

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

instructions)

3

6

8

2

3

5

Excess from 2018.

## **Additional Data**

Soldware 151
<b>Software Version:</b>
EIN:
Name:

Schedule A (Form 990 or 990-EZ) 2018 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, Sa, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,

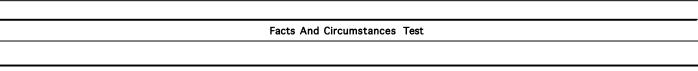
Software ID:

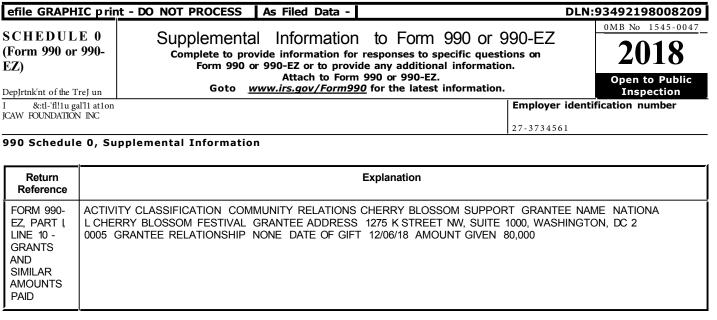
Part IV, Section D, lines 2 and 3, Part IV, Section E, lines le, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line le, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any add1t1onal 1nformat1on (See instructions) Facts And Circumstances Test

27-3734561

JCAW FOUNDATION INC.

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Return Reference Explanation

Explanation

Explanation GRANTEE NAME WASHINGTON JAPANESES

990 Schedule 0, Supplemental Information

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ez, part i,	LANAGUAGE SCHOOL GRANTEE ADDRESS PO BOX 71 GARRETT PARK, MD 20896 GRANTEE RELATIONSH
LINE10-	P NONE DATE OF GIFT 07/27/18 AMOUNT GIVEN 26,000
GRANTS	
AND	
SIMILAR	
AMOUNTS	
PAID	

Return Reference Explanation

ACTIVITY CLASSIFICATION COMMUNITY RELATIONS LIBRARY SUPPORT GRANTER NAME JAPANESE AMERI

990 Schedule 0, Supplemental Information

EZ, PART I,
LINE 10 GRANTS
AND
SIMILAR
AMOUNTS
PAID

Return Explanation

990 Schedule 0, Supplemental Information

**EXPENSES** 

FORM 990EZ, PART |
LINE16OTHER

DESCRIPTION OFFICE AMOUNT 1,996 DESCRIPTION INSURANCE AMOUNT 722 DESCRIPTION FEST
IVAL EXPENSES AMOUNT 62,541 TOTAL TO FORM 990-EZ, LINE 16 65,259