# Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	he 2018 calen	dar year, or tax year beginr	ning	, 2018,	and ending	i .		,					
В	Check	if applicable:	С				D	Employer iden	tification number					
	Па	ddress change	TULSA CASA, INC.					73-1312	870					
		=	700 SOUTH BOSTON,	SULTE 230			F	Telephone nun						
	<b></b>	ame change	TULSA, OK 74119-1				-	-						
	∟ ln	itial return	TOBBIL, OR , 1113	.023			<u> </u>	(918) 5	584-2272					
	∐កា	nal return/terminated												
	L A	mended return					G	Gross receipts	\$ 802	,601.				
	Па	pplication pending	F Name and address of principal	officer:		H	l(a) is this a gro	up return for su	bordinates? Yes	X No				
			Same As C Above			H	i(b) Are all subo If "No," attac	rdinates includ	ed? Yes	No				
$\overline{}$	Tay.	exempt status:	X 501(c)(3) 501(c) (	) ◄ (insert no.)	4947(a)(1) or	527	If "No," atta	ch a list. (see ii	nstructions)					
<u>'</u>				) (moore many	-1017(d)(1) 01		Ital Casua susan							
_			W.TULSACASA.ORG		<u> </u>		(c) Group exem	<u> </u>		-				
K		n of organization:	X Corporation Trust	Association Other	<u> </u>	ear of formatio	n: 1987	IVI State of	legal domicile: OF	<u>`</u>				
Pa	irt I	Summar			$\sim$ $\perp$ $\perp$									
	1	Briefly descri	be the organization's mission	on or most significant	ctivities: TUL	SA CASA	, AS AU	'HORI ZEI	D BY OKLAH	OMA				
Φ		LAW, IS	AW, IS ORGANIZED TO SPEAK FOR THE BEST INTEREST OF ABUSED AND NEGLECTED CHILDREN											
2		IN COURT	N COURT. WE PROMOTE AND SUPPORT VOCONTIER REPRESENTATION FOR THE CHILDREN IN AN											
Ë		EFFORT T	FFORT TO PROVIDE EACH CHILD A SAKE, PERMANENT, NURTURING HOME.											
ş	2	Check this bo	ox F if the organization	discoptinued its opera	ntions or dispe	esed of mor	e than 25%	of its net a	ssets.					
පි	3	Number of vo	oting members of the gover	ning blody (Part VL line	: 1a)	<i></i>		3		13				
∘ধ	4	Number of in	dependent voting members	of the governing body	ΥPart VI, line	: 1b)		4		13				
<u>.</u>	5	Total number	of individuals employed in	calendar year 2018 P	art V, line 2a)	) <i>.</i>		5		10				
Activities & Governance	6	Total number	r of volunteers (estimate if r	ne <u>ces</u> sary)				6		180				
S	7a	Total unrelate	ed business revenue from F	ant VIII, column (C), li	ne 12			7a		0.				
_			d business taxable income t							0.				
							<del></del>	Year	Current Y					
	8	Contributions	and grants (Part VIII, line	 1h)				99,108.		,989.				
Revenue	9		vice revenue (Part VIII, line					23/2001	, , ,	,,,,,,,				
듄	10	-	ncome (Part VIII, column (A				L	4,860.	3	3,030.				
<u>@</u>	11		ie (Part VIII, column (A), lin					4,000.	+	,000.				
	12		e – add lines 8 through 11					03,968.	756	,019.				
_	13		imilar amounts paid (Part I	<u> </u>			<del>1</del>	05,500.	730	, 013.				
	1													
	14		I to or for members (Part IX											
ø	15	Salaries, oth	er compensation, employee	e benefits (Part IX, colu	3	<u>91,005.</u>	436	621.						
Se	16a	Professional	fundraising fees (Part IX, c			1								
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) 🟲	3	9,092.								
Щ	17		ses (Part IX, column (A), lir				2	23,317.	20/	,667.				
	18	•	es. Add lines 13-17 (must e					14,322.	1	,288.				
			s expenses. Subtract line 18						+					
	19	Revenue less	s expenses. Subtract line 18	5 HOIR III 12			+	89,646.		731.				
lances		T-1-14-	(D-+)( II 10)					Current Year						
99961 19151			(Part X, line 16)					91,165.		5,565.				
			es (Part X, line 26)					27,947.	21	,616.				
Net )	22	Net assets of	r fund balances. Subtract lii	ne 21 from line 20			5	63,218.	677	,949.				
P	art II	Signatuı	re Block											
Und	er pena	lties of perjury, I d	eclare that I have examined this retu arer (other than officer) is based on a	rn, including accompanying scl	nedules and stater	ments, and to th	ne best of my kn	owledge and be	elief, it is true, correc	≭, and				
con	ipiete, L	eclaration of prepared	arer (other than officer) is based on a	all information or which prepare	any knowied	uge.								
		<b></b>												
Si	gn	' Signati	ure of officer				Date							
He	ere		ZABETH FISHER				Executi	.ve Dire	ector					
			r print name and title			,								
		Print/Type	preparer's name	Preparer's signature		Date	Che	ck if	PTIN					
Pa	iid	Ronale	d J. Creason	Ronald J. Crea	son		self	-employed	P00545879	)				
Pr	epar		e 🟲 Creason & Ass	sociates, P.L.I	C					_				
	se Or			en Ave., Suite	100		Firm	n's EIN ► 2(	7-2128988					
			Tulsa, OK 741				Pho	ne no. (91		<del>55</del>				
Ма	y the	IRS discuss th	nis return with the preparer		structions)				X Yes	No				
			- In the second	,										

Form 990 (2018			73-1312870	Page 2
	tatement of Program Service			
		onse or note to any line in this Part III		X
-	scribe the organization's mission:			
See_Sc	hedule 0			
2 Did the on	ganization undertake any significant p	program services during the year which were not listed	on the prior	
	•	•••••		( No
If "Yes," d	lescribe these new services on Sched	ule O.		
		ake significant changes in how it conducts, any p	ogram services? Yes	₹ No
	lescribe these changes on Schedule (			
4 Describe Section 5 and rever	the organization's program service i01(c)(3) and 501(c)(4) organization nue, if any, for each program servi	accomplishments for each of its three largest prons are required to report the amount of grants and ce reported.	gram services, as measured by exp allocations to others, the total expe	enses, enses,
4a (Code:		10,830. including grants of \$		989.)
		OCATES RECRUIZED TRAINED AND S		
		LE ADVOCATING FOR 118 NEGLECTED	AND ABUSED CHILDREN I	N_THE_
<u>TULSA</u>	COUNTY JUVENILE COURT	_ <u> </u>		
		·{- <i>{</i> - <del>{</del> - <del>{</del> - <del>{</del> - <del>{</del> -		
		<del>&gt;-</del>		
		~-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\		
		<u> </u>		
4b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$)	)
4 c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	<b></b>			
	- <b></b>			
4 d Other pro	ogram services (Describe in Sched			
(Expense	es \$ ind	cluding grants of \$ ) (Re	venue \$ )	
4 e Total pro	gram service expenses	510_830		

Form 990 (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hole assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is Ves', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	Х	
	Did the organization report an amount for investments – other sedurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? In Yes, complete Schedule D, Part VII.	11 b		Х
	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
-	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
!	o Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
١	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Pak VI.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	66		
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
(	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
!	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
		latespelatesso	Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	122925		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA	TEEA0104L 08/03/18	Form	990	(2018)

Pan	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2000,000
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	D. F. America	Х
b	If 'Yes,' enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<del> </del>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 b	<u> </u>	<u>  ^ </u>
	, , , , , , , , , , , , , , , , , , ,	5 c	<del></del>	-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	L
С	Did the organization sell, exchange, of otherwise dispose of tangille personal property for which it was required to file Form 8282?	7с		X
h	If 'Yes,' indicate the number of Forms 8282 filed during the year		âr van sta	
	Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract?	7 e	NECONAL COL	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	<u> </u>	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [ 10b			
	Section 501(c)(12) organizations. Enter:			18.4
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		. Scene to the
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		in Alberta	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	III STATES OF STATES	200000000000000000000000000000000000000
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	<del></del>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	nga barbaban	X
	If 'Yes,' see instructions and file Form 4720, Schedule N.			**
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
DAA	If 'Yes,' complete Form 4720, Schedule O.		. 000	(2010)
BAA	TEEA0105L 12/31/18	rom	1 220	(2018)

73-1312870 Form 990 (2018) TULSA CASA, INC. Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent ..... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? ...... 2 X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 X Χ 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing body?..... 7 a b Are any governance decisions of the organization reserved to (o) subject to approval by) members, Х 7b stockholders, or persons other than the governing body? Did the organization contemporaneously decumer Aeld or written actions undertaken during the year by the meetings the following: Χ a The governing body?..... 8a b Each committee with authority to act on behalf of the governing body?..... 8b Х 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes' provide the names and addresses in Schedule O...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates?..... Χ 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?... X 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. . See . Schedule . . . . . Χ 15a Х b Other officers or key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0

584-2272

TULSA OK 74119-1629 (918)

State the name, address, and telephone number of the person who possesses the organization's books and records

RAY POUDRIER 700 SOUTH BOSTON, SUITE 230

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

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		T		<	5	$\Box$	l			
( <b>A</b> ) · Name and Title		(B) Average hours	Pos than	ition (d n one b both	b.not (	less p Xer an Istèle)	id a	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
		veel veel veel (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer >	employee	Former Highest compensated	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DARRYL BASKIN		1_1_						_	_	
BOARD MEMBER		1 0	Х			1	_	0.	0.	0.
_(2)_MCLAINE_HERNDON BOARD_MEMBER		$-\frac{1}{0}$	Х					0.	0.	0.
(3) BRIAN BURKE		1								
BOARD MEMBER		0	Х				$\perp$	0.	0.	0.
(4) BRUCE DART		11								
PAST PRESIDENT		0	X			_		0.	0.	0.
(5) TYLER DEVEREUX	<del> </del>	11						ļ		
Secretary		0	X		X			0.	0.	0.
_(6)_OLEG_ROYTMAN		11		[						
BOARD MEMBER		0	X		_	_	$\perp$	0.	0.	0.
(7) MADELENE WITTERHOLT		1_1_							_	_
BOARD MEMBER		0	X	<u> </u>		_		0.	0.	0.
(8) EVAN KELAMIS		1_1_					1			
President		0	X		X	_		0.	0.	0.
_(9)_DEBBIE_KING		1_1_								_
Vice President		0	X	-	X			0.	0.	0.
(10) WILLIAM PO, M.D.		11		-					_	_
BOARD MEMBER		0	X	<b> </b>  -		_	_	0.	0.	0.
(11) RAY POUDRIER		1_1_						_		
Treasurer		0	X		X			0.	0.	0,
(12) VIC REGALADO		1	\ <sub>V</sub>						_	_
BOARD MEMBER		1	X	$\vdash$	+	+	+	0.	0.	0.
13) NIKKI TURNER BOARD MEMBER			X					0.	0.	0.
(14)		<del>  '</del>	<u> </u>		$\dashv$	+		J	0.	0.
<u> </u>			1							
			1	<u> </u>				1		l

Part VII Section A. Officers, Directors, Tru	istees, i	<b>∖ey</b>		ihir	уе	es, a	anı	i nignesi con	ipensated Emp	oyees (conunuea)
(A)	(B) Average	(do	not d	Pos	•	than	one	(D)	(E)	(F)
Name and title	hours per	offic	unle: cer an	ss pe id a c	rson Tirecto	is both or/trus	n an tee)	Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	(list any hours for	Individual trustee or director	Institu	Officer	Кеуе	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related
	related organiza - tions	dual tr	nstitutional trustee	元	Key employee	st com yee	ଫ୍			organizations
	below dotted line)	ustee	trustee		88	pensat				
	·					g				
(15)										
(16)										
(17)						h				
(19)					1	-				
(18)					1					
(19)	{	<	7	\						
(20)		1		<del>/</del>		1				
(21)		$\forall$		_	_					
			Y	_	_					
(22)	1-									
(23)										
(24)										
(25)		-						-		
							L			
1 b Sub-total							<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	I to those I	isted	abov	ve) י	who	recei	ved	more than \$100,00	00 of reportable comp	pensation
	•								·	Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h individu</i>	istee ial	, key	en	nplo:	yee,	or h	nighest compensa	ted employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab	le co	mpe	ensa If '	ation	and	oth	ner compensation	from	
such individual	• • • • • • • • •	• • • • •	• • • •			• • • •	• • • •		• • • • • • • • • • • • • • • • • • • •	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	ie comper s,' <i>comple</i>	isatio	on fr chea	om dule	any <i>J fo</i>	unre Ir suc	elate ch p	ed organization or person	individual	
Section B. Independent Contractors  1 Complete this table for your five highest compen	sated ind	epen	deni	t co	ntra	ctors	tha	at received more t	han \$100,000 of	
compensation from the organization. Report comper	isation for	the c	alen	dar	year	endi	ng v	with or within the o	rganization's tax yeai	. (C)
(A) Name and business add	ress							Description	of services	Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	o the	ose	liste	d abo	ve)	who received more	than (	
ψεού,ουο οι compensation from the organization	U								Control of the Contro	E 000 (0010)

**************************************	Check if Schedule O contains a resp	onse or note to any	/ line in this Part V	IIL		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants	1 a Federated campaigns1 ab Membership dues1 b	112,609.				
S, E	c Fundraising events	78,022.				
# is	d Related organizations 1 d	131,979.				
ě E	e Government grants (contributions) 1 e	249,173.				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f	181,206.				
a a	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f		752,989.			
	II ) Otal. Add files 14-11	Business Code	132,909.			
Program Service Revenue	2a				The second and the second of t	
88	b					
<u>:</u>	С		1/1			
Se l	d		$\frac{1}{1}$			
띭	e		$\vee$ ) $\setminus$ $\setminus$			
b	f All other program service revenue	<del>-                                    </del>	$\sim$			aanien senaniejs pronis myssisioni
<u>.</u>	g Total. Add lines 2a-2f		<del>\ \                                  </del>			
	3 Investment income (including divident other similar amounts)	s interest and	$\searrow$ 3,030.	3,030.		
	4 Income from investment of tax-exemp	t bond proceeds.	2,000.	3,030.		
	5 Royalties	<b>.</b>				
	(i) Real	(ii) Personal				
	6 a Gross rents					
	b Less: rental expenses				and the second	
	c Rental income or (loss)					
	d Net rental income or (loss)	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	(1) (2)				and the later
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
<u>u</u>	8a Gross income from fundraising events					
enne	(not including \$ 78,022.	-				
	of contributions reported on line 1c).  See Part IV, line 18	46 500				
Other Rev	b Less: direct expenses	a 46,582. b 46,582.				
Ě	c Net income or (loss) from fundraising					100000000000000000000000000000000000000
•	9 a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming act	ivit <u>ies</u>				
	10a Gross sales of inventory, less returns					
	and allowances					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inv  Miscellaneous Revenue	Business Code				
	11 a					
	b					
	с					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		756,019.	3,030.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX... (**D)** Fundraising (A) Total expenses (B) Do not include amounts reported on lines Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21...... Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 0 0 0 0. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0 436 30,563. Other salaries and wages ..... 623 331,832 74,226. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... Other employee benefits . . . . . . . . 11 Fees for services (non-employees): c Accounting...... d Lobbying..... e Professional fundraising services. See Part IV, line 17. g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.).... Advertising and promotion..... 12 9,792. 1,591 857. 13 12,240. Information technology..... Royalties..... 15 27,557 22,046 3,582 1,929. Occupancy..... 25,290 22,761. 2,529 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 Interest ..... 21 Payments to affiliates..... 1,241 669. 22 Depreciation, depletion, and amortization... 9,552. 7,642. 820 441 6,307 5,046 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 49,325 a RECRUITING/TRAINING 49,325 b VOLUNTEER AND BOARD 28,687 25,818 1,435 1,434. 12,820 10,256 1,667 897. c PROFESSIONAL FEES 6,801 <u>1,105</u>. <u>595.</u> d TELEPHONE 8,501 1,707. 24,388. 19,511. 3,170. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 641,288. 510,830 91,366 39,092. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

Part X Balance Sheet

Water Will	3659691.70	Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	457,592.	1	552,366.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	30,000.	3	20,000.
	4	Accounts receivable, net	30,153.	4	51,856.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	9,184.	9	8,962.
ļ	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
		Less: accumulated depreciation	18,673.	10 c	28,355.
1	11	Investments – publicly traded securities.	·	11	
	12	Investments – other securities. See Part IV, line 1.		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 1.	45,563.	15	44,026.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	591,165.	16	705,565.
	17	Accounts payable and accrued expenses	27,947.	17	27,616.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
မ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	27,947.	26	27,616.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	533,218.	27	658,792.
<u>ä</u>	28	Temporarily restricted net assets	30,000.	28	19,157.
E I	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
ş	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
9	33	Total net assets or fund balances	563,218.	33	677,949.
Z	34	Total liabilities and net assets/fund balances	591,165.	34	705,565.
ВА	A	TEEA0111L 08/03/18			Form 990 (2018)

Forn	1990 (2018) TULSA CASA, INC. 73-	-13128	/0	Pag	je 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)		75	6,0	<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25).		64	1,2	88.
3	Revenue less expenses, Subtract line 2 from line 1		11	4,7	<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		56	3,2	18.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65	17,9	10
Þa	TXII Financial Statements and Reporting	1.0	0 /	1,3	49,
	Market Control (Control Control Contro				_
	Check if Schedule O contains a response or note to any line in this Part XII				No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	INO
'			-		
	If the organization changed its method of accounting from a prior year of checked 'Other,' explain in Schedule O.				
2	were the organization's financial statements compiled of reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Depth consolidated and separate basis			}	
١	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis			40.4	
		ı.	500580		25072
,	of 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ι, · · · · · · · · · ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
3:	in Schedule O. a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
٥,	Audit Act and OMB Circular A-133?		За		_X
1	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 08/03/18		Form	990 (2	2018)

#### SCHEDULE A (Form 990 or 990-EZ)

**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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f the	organization					Employer identifica	uon numper			
TUL	SA	CASA, INC.					73-131287	0			
Part		Reason for Public Cha	rity Status (All or	ganizations must c	omplet	te this	part.) See instruct	ions.			
The o	rgai	nization is not a private found	ation because it is: (F	or lines 1 through 12,	check or	ily one l	box.)				
1		A church, convention of church	es, or association of ch	urches described in <mark>sect</mark> i	on 170(l	)(1)(A)(i	i).				
2	П	A school described in section 1	70(b)(1)(A)(ii). (Attach S	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	$\Box$	A medical research organization name, city, and state:	tion operated in conju	nction with a hospital d	escribed	in sec	tion 1 <b>70(b)(1)(A)(iii)</b> . E	nter the hospital's			
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or opera	ted by	a governmental unit de	scribed in			
6	П	A federal, state, or local gove	•	ntal unit described in s	ection 1	70(b)(1)	(A)(v).				
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p	/\\\				olic described			
8		A community trust described	•	A)(vi). (Complete Part II	X						
9		An agricultural research organizor university or a non-land-granuniversity:	zation described in sec at college of agriculture	tion 170(b)(1)(A)(ix) opera (see instructions). Enter	ted in co the nam	onjunctio e, city, a	on with a land-grant colle and state of the college o	ge or			
10	An organization that normally receives (1) more than 33-1/3% on its support from contributions, membership fees, and gross receipts from activities related to its exempl functions subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Complete Part-III.)										
11	. 🗖										
12	H										
a											
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	zation supervised or c	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>Yo</b> u			
С		Type III functionally integrated organization(s) (see instruction		ion operated in connection	with, ar	id functio	onally integrated with, its	supported			
d		Type III non-functionally integrated. The constructions. You must com	rated. A supporting org	anization operated in con	nection :	with its s	supported organization(s)	that is not			
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS i	that it is	a Type I, Type II, Typ	e III functionally			
f		iter the number of supported	organizations								
g		ovide the following informatio									
ı	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) la organizat in your g docum	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)					ange Jahan sa saka at a	Tapoula f					
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.)

Sect	ion A. Public Support						
begiı	ndar year (or fiscal year nning in) ►	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	468,981.	504,194.	379,288.	560,143.	674,967.	2,587,573.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	468,981.	504,194.	379,288.	560,143.	674,967.	2,587,573.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						117,379.
6	Public support. Subtract line 5 from line 4						2,470,194.
Sec	ion B. Total Support		1 1 11 1				
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	468,981.	504,194.	379,288.	560,143.	674,967.	2,587,573.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,832.	626.	2,981.	4,860.	3,030.	15,329.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		. **				0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	55,749.	59,154.	58,198.	27,025.	78,022.	278,148.
	Total support. Add lines 7 through 10						2,881,050.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	tax year as a section	n 501(c)(3)	► 🔲
Sec	tion C. Computation of Pu	blic Support P	'ercentage				
	Public support percentage for 20	•	• • • • •				85.74%
15	Public support percentage from	2017 Schedule A,	Part II, line 14			15	85.01%
16a	33-1/3% support test-2018. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b blicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box ► X
b	33-1/3% support test—2017. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and-circumstances' the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> r a publicly support	e. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

	talls to quality under the te	sts fisted below, j	blease complete i	arr II.			<del></del>	
Sec	tion A. Public Support							
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total /_	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services 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.						_	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			1				
5	The value of services or facilities furnished by a governmental unit to the organization without charge			7				
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				:			
b	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							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support					, <del></del>		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
.9	Amounts from line 6		,					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)						100	
14	First five years. If the Form 990 organization, check this box and	stop here	.,	nd, third, fourth, o	or fifth tax year as	a section 501(c	×)(3) ► [	
Sec	tion C. Computation of Pu					1 4-	- 0.	
15							<del>_</del>   <del>-</del>	
16								
Section D. Computation of Investment Income Percentage								
Sec				11 11 40 1	(0)		7 8	
5ec 17	Investment income percentage	for <b>2018</b> (line 10c,	, column (f), divid	ed by line 13, col	ıumп (т))	! ^		
17 18 19a	Investment income percentage investment income percentage in 33-1/3% support tests—2018. If is not more than 33-1/3%, check	from <b>2017</b> Schedu the organization o k this box and sto	ile A, Part III, line fid not check the <b>p here.</b> The orgal	: 17	nd line 15 is more as a publicly supp	than 33-1/3%, orted organizat	and line 17 ion	
17 18 19a b	Investment income percentage investment income percentage investment income percentage in 33-1/3% support tests—2018. If	from 2017 Schedu the organization of k this box and sto the organization of 6, check this box	ile A, Part III, line fid not check the p here. The orgal lid not check a bo and stop here. Th	: 17	nd line 15 is more as a publicly supp ne 19a, and line 1 ualifies as a public	than 33-1/3%, orted organizat 6 is more than cly supported or	3	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	ΑII	Supporting	Organizations	
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			¥ .	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe		Yes	No
2	the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section	1		
_	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	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.	3c		
	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	Did the organization support any foleigh 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	oss/se/a	
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 <b>Part VI</b> .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
ŀ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
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.	9c		200225
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)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	10h	Axeex	

Pa	irt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  a 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		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting 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? 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.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the lax year also a majority of the directors or trustees of each of the organization's supported organization(s)? It 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).	1		
Se	ction D. All Type III Supporting Organizations \ '\ \ \			
			Yes	No
7	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(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 instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
2	2 Activities Test. Answer (a) and (b) below.		Yes	No
_	(, )		9.765	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in 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.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
;	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details 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 organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6

1 T	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N	ov. 20. 1970 (explain in	n Part VI). See through E.
Sec	tion A — Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
- 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035,	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	tegrate		
BAA			Schedule A (F	Form 990 or 990-EZ) 2018

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D — Distributions	Current Year						
1 Amounts paid to supported organizations to accomplish exempt pu							
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exempt purposes of s	upported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI). See instructions.							
7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provide o	details					
9 Distributable amount for 2018 from Section C, line 6							
10 Line 8 amount divided by line 9 amount							
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1 Distributable amount for 2018 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2018							
a From 2013							
<b>b</b> From 2014							
c From 2015							
d From 2016							
e From 2017							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2018 distributable amount							
i Carryover from 2013 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2018 from Section D, line 7: \$							
a Applied to underdistributions of prior years							
b Applied to 2018 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.							
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7 Excess distributions carryover to 2019. Add lines 3j and 4c.							
8 Breakdown of line 7:							
a Excess from 2014							
b Excess from 2015							
c Excess from 2016							
d Excess from 2017							
e Excess from 2018							
- DAGGG ROTH HOTOLITITE	Tresocientas vermurantification paraties and participation and paraties and paratie	HER AND THE PROPERTY OF THE PR					

Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; 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 II, Line 10 - Other Income

Nature and Source	2018	2017	2016	2015	2014
Total	\$ 78,022.	\$ 27,025.	\$ 58,198.	\$ 59,154.	\$ 55,749.
	\$ 78,022.	\$ 27,025.	\$ 58,198.	\$ 59,154.	\$ 55,749.

