

A For the 2018 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization		D Employer identification number	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
F Name and address of principal officer		H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No If 1 No, 1 attach a list. (see instructions) H(c) Group exemption number		
J Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527				
J Website: _____				
7 Form of organization: Corporation Trust Association Other Year of formation State of legal domicile				

Activities 5	Governance	1		
		2		
		3		
		4		
		5		
		6		
		7 a		
	b			
Revenue			Prior Year	Current Year
	8			
	9			
	10			
	11			
	12			
Expenses				
	13			
	14			
	15			
	16 a			
	b			
	17			
18				
19				
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20			
	21			
	22			

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

Sign Here	Signature of officer		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name			Firm's EIN	
Firm's address			Phone no.		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EI? Yes/No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes/No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses |





(1) JILL BANBURG BOARD CHAIR	Q KK					
(2) GIDON ROSENBLATT BOARD VICE-CHAIR	Q KK	g	g		KI	KI
(3) TANYA DAVKINS SECRETARY	MIKK	g	g		KI	KI
(4) ALISA GRAVITZ TREASURER	MIKK	g	g		KI	KI
(5) DAVID KORTEN FORMER BOARD CHAIR	MIKK	g	g		KI	KI
(6) RICK INGRASCI DI RECTOR	LI KK	g			KI	KI
(7) BERT ANDERSON DI RECTOR	LI KK	g			KI	KI
(8) ELI FEGHALI DI RECTOR	LI KK	g			KI	KI
(9) DANNY GLOVER DI RECTOR	LI KK	g			KI	KI
(10) ANDREW DEVIGAL DI RECTOR	LI KK	g			KI	KI
(11) MARK TRAHANT DI RECTOR	LI KK	g			KI	KI
(12) CHRISTINE HANNA EXECUTIVE DI RECTOR	OPI KK		g		TRGPTE I	KI
(13) AUDREY WATSON DI RECTOR OF FINANCE AND OPERATIONS	NKI KK		g		CPGCKI	KI

				(A)	(B)	(C)	(D)
Contributions, Gifts, Grants and Other Similar Amounts	1 a	1a					
	b	1b					
	c	1c					
	d	1d					
	e	1e					
	f	1f					
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total.						
Program Service Revenue			Business Code				
	2 a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	_____					
g Total.							
Other Revenue	3						
	4						
	5						
	6 a						
		b					
		c					
	7 a						
		b					
		c					
	8 a	_____					
		a					
		b					
	9 a						
		b					
		c					
10 a							
	b						
	c						
		Business Code					
11 a	_____						
	b	_____					
	c	_____					
	d	_____					
e Total.							
12 Total revenue.							

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11		11	
	12		12	
13		13		
14		14		
15		15		
16	Total assets		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
26	Total liabilities		26	
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.		
	28		28	
	29		29	
	30	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
	31		31	
	32		32	
	33		33	
	34		34	

[Redacted]

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

[Redacted]

	Yes	No
1		
2a		
b		
c		
3a		
b		

(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.)

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 1 unusual grants.) " "						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf " " " "						
3 2" 1 uo- lhipar hn ior, e p, ea 2015	2016	2017	2018	Total		
4 Total.				1	17	
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support. Add lines 7 through 10						

12

13 First five years. stop here

14 14

15 15

16a 33 1/34 support test - 2018 stop here.

b 33 1/34 support test - 2017. stop here.

17a 104 -facts-and-circumstances test - 2018. stop here.

b 104 -facts-and-circumstances test - 2017. stop here.

18 Private foundation



Amounts included on lines 2 and 3 received						
(Subtract line 7c from line 6)						

R-| (t.t -) (S' x u' S -f' r w z t s' p' q %' x') {x} t' @' -) ' _pf... X = ' X u' S -f' r w z t s' @Ap' -u' _pf... X ;' x ! b

	h es	No
1		
Tq-Yz7 op-n)trp ty Parte Isz, sp ~, {{z}po z}rlytl ezy-l)p op-tryl po9qop-tryl po mt nW--z}{, }{z-p7op-n)trp sp op-tryl ezy9qst-e}n l yo nzydy, tyr)pw ezy-s{ 7p.{ wty9	1	
2		
Tq-dp-7 p.{ wty ty Parte Isz, sp z}rlytl ezy op{x} typo si e sp ~, {{z}po z}rlytl ezy, l -op-n)trp ty -pn ezy @ D3 4-4z} 3-4	2	
3a		
Trn l yo Trn p w, 9	3a	
b		
Tq-dp-7 op-n)trp ty Parte I, spy l yo sz, sp z}rlytl ezy x l op sp op{x} ty ezy9	3b	
c		
b U n° Po — PT ! A	3c	
4a		
Tq-dp-7 p.{ wty ty Parte I, sl Enzygzw sp z}rlytl ezy {, e ty { wnp e py-, }p ~, ns, -p9	4a	
b		
Tq-dp-7 op-n)trp ty Parte Isz, sp z}rlytl ezy sl o ~, ns nzygzw yo ot-n)pezy op-{ t p mtyr nzygzw po z} ~, {p}t-po mt z} ty nzy p n ezy, t e e ~, {{z}po z}rlytl ezy-9	4b	
c		
b U G a n° P e q z S z a t n s A noq	4c	
5a		
Tq-dp-7 l y-, p} Trn l yo Trn p w, 3q l { { w l m p 4 L w z { } z f t p o p e t w ty Parte I, tynwo tyr 34 sp y l x p -l yo P T y, x mp) -z q sp ~, {{z}po z}rlytl ezy-l oopo7~, m-e e po7z})p x z f po F 3 t 4 sp } pl -z y - q} pl ns ~, ns l n ezy F 3 t 4 sp l, e z} t e, y o p} sp z}rlytl ezy 2 z} rly t t y r o z n, x py e l, e z} t t y r ~, ns l n ezy F l yo 3 f 4 sz, sp l n ezy, l -l n n z x { w s p o 3, ns l -m l x py o x py e e sp z}rly t t y r o z n, x py e 9	5a	
b		
Type I or Type II only.	5b	
c		
Substitutions only.	5c	
6		
Tq-dp-7 { } z f t p o p e t w ty Parte I.	6	
7		
Tq-dp-7 n z x { w p [l] e T z q ^ n s p o, w W 3 z } x D D; z } D D; 8 P e 4	7	
8		
Tq-dp-7 n z x { w p [l] e T z q ^ n s p o, w W 3 z } x D D; z } D D; 8 P e 4	8	
9a		
Tq-dp-7 { } z f t p o p e t w ty Parte I.	9a	
b		
Tq-dp-7 { } z f t p o p e t w ty Parte I.	9b	
c		
Tq-dp-7 { } z f t p o p e t w ty Parte I.	9c	
10a		
Tq-dp-7 l y-, p} <: mmp w, 9	10a	
b		
3 -p ^ n s p o, w N 7 O z } x ? B =; 7 e	10b	
o p { x } t y p . s p { s p } s p z } r l y t l e z y s l o p . n p -- m - t y p -- s z w t y r - 9 l		

		h es	No
11			
a			
	11a		
b			
	11b		
c	Part e I.		
	11c		

		h es	No
1	Part e I		
		1	
2	Part e I		
		2	

		h es	No
1	Part e I		
		1	

		h es	No
1			
		1	
2	Part e I		
		2	
3	Part e I		
		3	

		h es	No
1	(see instructions).		
a	line 2		
b	line 3		
c	Part e I		
2	Answer (a) and (b) below.		
a	Part e I identify those supported organizations and explain		
		2a	
b	Part e I		
		2b	
3	Answer (a) and (b) below.		
a	Part e I.		
		3a	
b	Part e I		
		3b	

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

Section A - Adjusted Net Income		(A) Prior h ear	(B) Current h ear (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	

Section B - Minimum Asset Amount		(A) Prior h ear	(B) Current h ear (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	
b	Average monthly cash balances	1b	
c	Fair market value of othe ~ ~ ying	1c	
d	Total	1d	
e	Discount		
Part e l			
2	Recoveries of prior-year distriegh la	2	
3	A2 i btraon l co	3	
4		4	
5		5	
6	conin 2	6	r Tygrate2
7		7	
8	Minimum Asset Amount	8	

Section C - Distributable Amount		(A) Prior h ear	(B) Current h ear (optional)
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount	6	
7			

Form 990-B (2018)

(Form 990-B, 990-B-EI, or 990-B-F)
Department of the Treasury
Internal Revenue Service

Form 990-B (2018)

Attach to Form 990-B, Form 990-B-EI, or Form 990-B-F.
Go to www.irs.gov for the latest information.

OMB No. 1545-0047

A?@G

Organization type

Employer identification number

Organization type

Filers of

U-f | H H ? -f | H H ? < T 1 D?@T 87 8 7.7f | t | qf8 -fvp)x < p.x ->

1 CH CFp8788 }-)%od| €.: rvpfx .pd t .ftot...fip..ts' p, ' p' €x tp.t u -f)sp.x ->

1 DAF €(x .x rp(-fvp)x < p.x ->

U-f | H H ? < U 1 D?@T 888 %od| €.: €x tp.t u -f)sp.x ->

1 CH CFp8788 }-)%od| €.: rvpfx .pd t .ft,fip..ts' p, ' p' €x tp.t u -f)sp.x ->

1 D?@T 888 .p%pd t €x tp.t u -f)sp.x ->

Special a ule

Notel ^){S' p' , tr.x -> D?@T 878 78 8 -f 7e28 -fvp)x < p.x -> rp) r w z' q%od' u -f q.w.w Vtp(at(t p)s' p' b €x p(at(t = b tt x

General a ule

1 U-f | p) -fvp)x < p.x -> u x {x}v U-f | H H ? : H H ? < T : -f | H H ? < U .wp.: fr tx ts; stfx}v' .w S' pf; r-) .fx qf.x ->, ...p(x) v' 3 €-€f.S 8 u f- | p)S' -> t r-) .fx qf..f= R- | € t.t _pf.. X' p)s' XX = b tt x, .ftr.x ->, u -f st.t|x}x}v' p' r-) .fx qf..f6, ...p(

Special a ules

1 U-f | p) -fvp)x < p.x -> st rfx qf' x' , tr.x -> D?@T 888 u x {x}v U-f | H H ? -f | H H ? < T : .wp.: | t.: .w BB' @B4 , t€f.. t. ... -> , tr.x ->, D?@T 8788 p)s' @? 787888 x 8' .wp.: r w z's' b r v s t { t P' U-f | H H ? -f | H H ? < T 8' _pf.. XX; {x}t @B; @E p; -f | € p)S' -> t r-) .fx qf..f; stfx}v' .w S' pf; ...p(r-) .fx qf.x ->, (H) 3 2021 v' p)A4-u' .w p| -f) : -> 788 U-f | H H ? : _pf.. eXXX -f 7x8 U-f | H H ? < T ; {x}t @- R- | € t.t _pf.. X' p)s' XX =

1 U-f | p) -fvp)x < p.x -> st rfx qf' x' , tr.x -> D?@T 878 78 8 -f 7e28 u x {x}v U-f | H H ? -f | H H ? < T : .wp.: fr tx ts' u f- | p) S' pf; ...p(r-) .fx qf.x ->, -u' | -ft pwp-3fp0 -f f(x vx -t, ; rvpfx .pd t' , rx t.x u x r; {x}t p)S' ; -f | strp.x -> p(€f€, t; €t t.x -> -u' rft(.S' .w r w (sf) -f | p)x | p(= R- | € t.t _pf.. X' 7.7f x}v' 1] > P1' x} r- | t) ; 78 x, .tps' -u' .w r-) .fx qf. XX; p)s' XXX =

1 U-f | p) -fvp)x < p.x -> st rfx qf' x' , tr.x -> D?@T 878 78 8 -f 7e28 u x {x}v U-f | H H ? -f | H H ? < T : .wp.: fr tx ts' u f- | p) S' pf; r-) .fx qf.x -> ; -u' | -ft pwp-3fp0 -f f(x vx -t, ; rvpfx .pd t' t.r=; €f€, t; qf..)- , trw r-) .fx qf.x ->, ...p(ts' | -ft .wp) @ ??? = x, r w z's; t.7f w t .w ...p(r-) .fx qf.x ->, .wp.: t ft fr tx ts' stfx}v' p. w S' p) v' (-f v p) -t, ; rvpfx .pd t' t.r=; €f€, t; S -> 6 ... r- | € t.t p)S' -u' .w €f.. V) eberal a ule p(x t' .w , -fvp)x < p.x -> qpt, t yzyp fr tx ts' f(x vx -t, ; rvpfx .pd t' t.r=; r-) .fx qf.x ->, ...p(x) v' 3 ??? -f | -ft "stfx}v' .w" S' p) " " " " 3 _____

Caution P) -fvp)x < p.x -> .wp.: x, }6 ... r- | ts' qf' .w Vtp(at(t p)s) -f .w b €x p(at(t s-t) }6 ... u x {t b r v s t { t O U-f | H H ? : qf.. x must' p), ^ t' 1] -f | -> _pf.. X e; {x}t A; -u' x .w U-f | H H ? J -f r w z' .w q%od' -> {x}t W -u' x .w U-f | H H ? < T -f r f.x u S' .wp.: x ... s-t) }6 ... | t.: .w u x {x}v' ft tx ft t. -u' b r v s t { t O U-f | H H ? : H H ? < T ; -f | H H ? < U8-

Name of organization	Employer identification number
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(see instructions). Use duplicate copies of Part X if additional space is needed.

(a) No.	(b) Name, address, and ZIP Code	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash

Name of organization	Employer identification number
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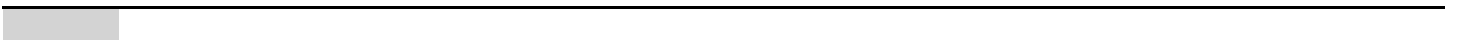
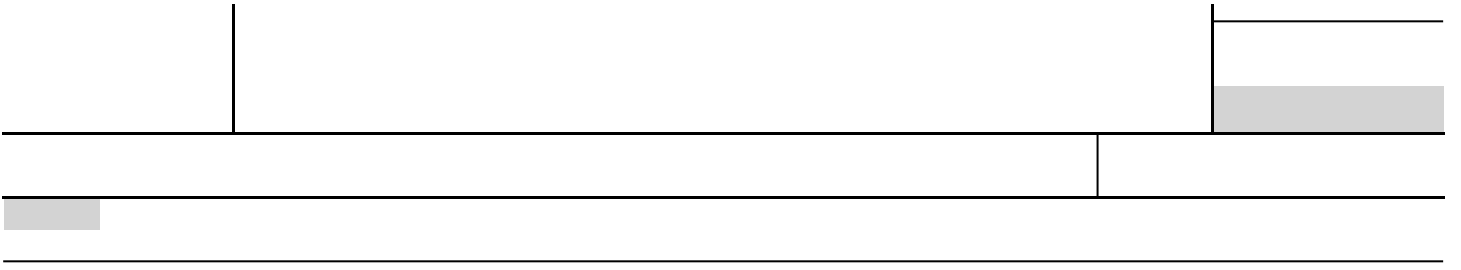
Part X X Noncash Property (see instructions). Use duplicate copies of Part X X if additional space is needed.

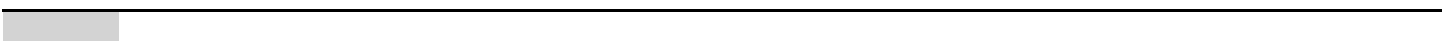
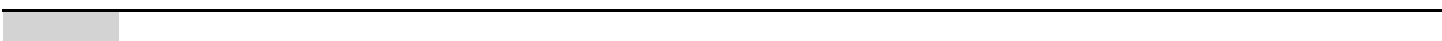
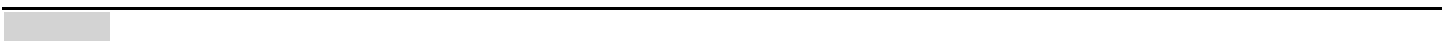
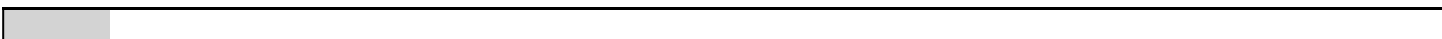
(a) No. from Part X	(b) Description of noncash property given	(c) F\ e (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

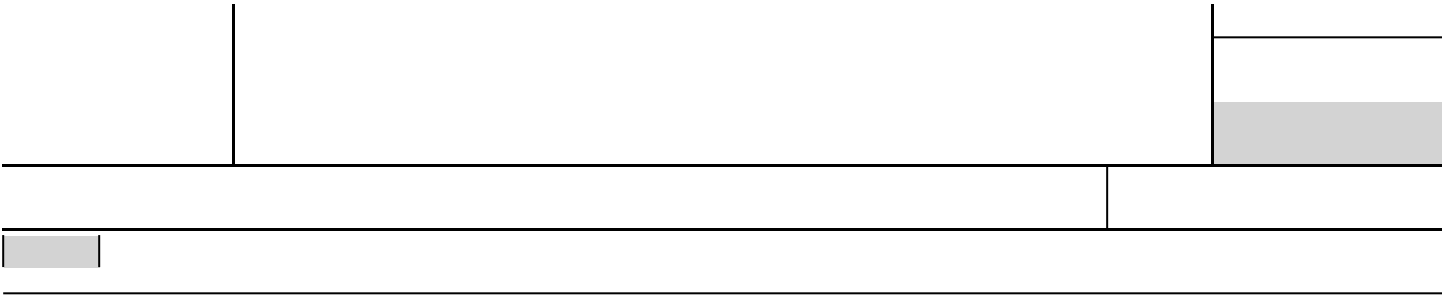
Name of organization	Employer identification number
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) 3
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part III	(b) Purpose of gift	(c) Date of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and city, state, and ZIP code		Relationship of transferor to transferee	
(a) No. from Part III	(b) Purpose of gift	(c) Date of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and city, state, and ZIP code		Relationship of transferor to transferee	
(a) No. from Part III	(b) Purpose of gift	(c) Date of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and city, state, and ZIP code		Relationship of transferor to transferee	
(a) No. from Part III	(b) Purpose of gift	(c) Date of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and city, state, and ZIP code		Relationship of transferor to transferee	







Complete if the organization answered "Yes" on Form 990, Part I, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-Ei , lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event 2 1	(b) Event 2 2	(c) Other events	(d) Total events (add col. (a) through col. (c))
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

	(a)	(b) Pull tabs/instant bingo/progressive bingo	(c)	(d)
		(a)		(c)
1				
2				
3				
4				
5				
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	
7				
8				

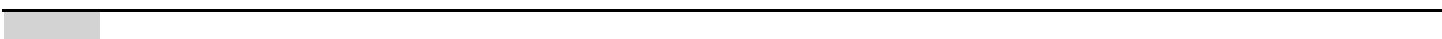
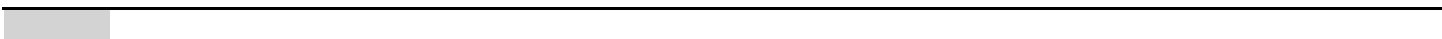
9 _____
 a _____
 b _____

Yes No

10a _____
 b _____

Yes No





Name of the organization

Employer identification number

