Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2018 caien	dar year, or tax year begin	ning 9/01	, 2018	, and ending	g 8/.	31	, 2	2019	
В	Check if ap	plicable:	С					D Employ	er identifica	ation number	
	Addre	ss change	FERNANDO PULLUM (COMMUNITY ARTS	CENTER			45-	280029	95	
	-	change	P.O. BOX 561528	001111011111111111111111111111111111111	0			E Telepho			
	\vdash	return	LOS ANGELES, CA	90056-0237				(32	3) 292	2-2700	
	\vdash							(32	3) 292	2700	
	-	turn/terminated							.	0.0	
	\vdash	ded return						G Gross r			4,390.
	Applic	ation pending		officer: FERNANDO	PULLUM		` '	a group retur		ب. ب	. —
			SAME AS C ABOVE				Are all ',If "No	subordinates " attach a list	included? . (see instru	ctions) Ye	s No
<u> </u>	Tax-exer	npt status:	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) o	r 527					
J	Websi	te: ► PU	LLUMCENTER.ORG				H(c) Group	exemption nu	ımber 🟲		
K	Form of	organization:	X Corporation Trust	Association Other ►	L	Year of formation	on: 201	1 Ms	State of lega	ıl domicile: C	Ā
Pa	art I	Summar	v		<u>'</u>			<u> </u>			
		iefly descri	be the organization's missi	on or most significant	activities: SE	E SCHEDU	JLE O				
a)	_				-						
Activities & Governance	_										
Шa	_										
Š	2 Cr	eck this bo	ox ► if the organization	n discontinued its ope	rations or disp	oosed of mo	re than 2	25% of its	net asset	ts.	
Ğ	3 Nu		oting members of the gover						3		19
∾ర ഗ	4 Nu		dependent voting members						4		18
ij.	5 To		of individuals employed in						5		22
₹	6 To		of volunteers (estimate if						6		75
Ä	I .		ed business revenue from F						7a		0.
	b Ne	t unrelated	d business taxable income	from Form 990-T, line	38				7b		0.
							1	rior Year		Current	
ø			and grants (Part VIII, line					683,9	93.	85	0,943.
Revenue	9 Program service revenue (Part VIII, line 2g)							33,4	20.		8,462.
λe			ncome (Part VIII, column (<i>F</i>					1	32.		3,305.
ď			e (Part VIII, column (A), Iir					1	52.	-2	4,269.
	12 To	tal revenue	e – add lines 8 through 11	(must equal Part VIII,	column (A),	ine 12)		717,6	97.	85	8,441.
	13 Gr	ants and s	imilar amounts paid (Part I	X, column (A), lines 1	-3)						
	14 Be	nefits paid	to or for members (Part IX	K, column (A), line 4).							
	15 Sa	laries, othe	er compensation, employee	e benefits (Part IX, col	umn (A), line	s 5-10)		351,3	89.	34	6,255.
Expenses	16a Pr	ofessional	fundraising fees (Part IX, o	column (A), line 11e).							
ĕ	h To		sing expenses (Part IX, col								
X	J 10			_		39,489.					
			ses (Part IX, column (A), lir	•				343,2			6,852.
			es. Add lines 13-17 (must e					694,5			3 <u>,107.</u>
		evenue less	expenses. Subtract line 18	8 from line 12				23,1	.05.	13.	<u>5,334.</u>
G OF							Beginnir	ng of Curren		End of \	
sets alan	20 To		(Part X, line 16)					137,0			2,826.
As	21 To	tal liabilitie	es (Part X, line 26)					10,7	65.	14	1,252.
Net Assets Fund Balanc	22 Ne	t assets or	fund balances. Subtract li	ne 21 from line 20				126,2	40.	26	1,574.
Pa		Signatur	e Block				1	,			
				ırn, including accompanying s	chedules and state	ements, and to t	he best of m	nv knowledae	and belief.	it is true, corre	ect. and
com	plete. Decla	ration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	all information of which prepa	rer has any knowl	edge.		, ,	,	,	,
			·								
Sig	nc	Signatu	re of officer				Da	ate			
He	re	MAT.	ES BANCROFT				SECRI	ETARY/	rreasii	IRER	
•			print name and title				21010		-112100		
		Print/Type p	preparer's name	Preparer's signature		Date		Check	X if PTI	IN	
ъ-	:		N D. MOCALIS	STEVEN D. MOC	ATT C	1/14/	20	-	_	0069873	7
Pa				•	иπτο	1/14/	۷.	self-employ	-u P(1007013	
	eparer se Only	Firm's name		CALIS				<u> </u>	. 05 0	01010	
US	Cilly	Firm's addre		DE LA ESTRELLA				Firm's EIN		210124	
_		1	SAN CLEMENTE,					Phone no.		485-55	
Mar	v the IRS	discuss th	is return with the preparer	shown above? (see in	structions)					X Yes	No

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

4e Total program service expenses ► 605,507.

BAA

TEEA0102L 08/03/18

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	Х	
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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? <i>If 'Yes,' complete Schedule D, Part II</i>	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, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
c	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
C	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	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 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	
t	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	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
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		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		Х
b	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		Х

Form 990 (2018) FERNANDO PULLUM COMMUNITY ARTS CENTER Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		X
24 8	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
ı	bild the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
ı	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, Part III.	27		Х
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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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? <i>If 'Yes,' complete Schedule M</i>	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
ı	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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		I	
	- Enter the number reported in Day 2 of Form 1000. Falsy 0, if ast smalleship		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA		l		(2018)

FERNANDO PULLUM COMMUNITY ARTS CENTER

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 22			
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a	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		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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a	Х	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
r	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
·	Note. See the instructions for additional information the organization must report on Schedule O.	154		
b	j ,			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		
	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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) FERNANDO PULLUM COMMUNITY ARTS CENTER 45-2800295 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... Χ 15 h If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **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 ▶ CA 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. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 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 O State the name, address, and telephone number of the person who possesses the organization's books and records

LOS ANGELES CA 90008-4521

290-2700

FERNANDO PULLUM 3351 W. 43RD STREET

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.

				(C))					
(A) Name and Title	(B) Average hours per	thar	n one s both dire	box, an o ector/	unles officer truste		on	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JAMES O'BRIEN	3									
CHAIRMAN	0	X		Χ				0.	0.	0.
(2) FERNANDO_PULLUM	_ 48 _									
EXECUTIVE DIR.	0	X		Χ				102,000.	0.	13,139.
(3) FREDERICK SMITH	_0.5_									
MEMBER	0	Х						0.	0.	0.
(4) FRANK HARRIS	_0.5_									
MEMBER	0	X						0.	0.	0.
(5) CRAIG KEYS	_0.5_									
MEMBER	0	X						0.	0.	0.
(6) MICHAEL LASHENDOCK	_0.5_									
MEMBER	0	Х						0.	0.	0.
(7) KENNETH PACE	_0.5_	1								
MEMBER	0	Х						0.	0.	0.
(8) ALAN PALMER	1	_								
MEMBER	0	X						0.	0.	0.
_(9)_MICHAEL_ROSS	_0.5_									
MEMBER	0	Х						0.	0.	0.
(10) BRIAN ROTHSCHILD	0.5									
MEMBER	0	Х						0.	0.	0.
(11) ISABELLA SCOCOZZA	_0.5_	1								
MEMBER	0	Х						0.	0.	0.
(12) ROBERT SLOAN	_0.5_]								
MEMBER	0	X						0.	0.	0.
(13) PAMELA BRIGHT-MOON	_0.5_									
MEMBER	0	X						0.	0.	0.
(14) JORGE ARCINIEGA	_0.5_									
MEMBER	0	X						0.	0.	0.

BAA TEEA0107L 08/03/18 Form **990** (2018)

Part VII Section A. Officers, Directors, 1rt	(B)	Ney	EIII	ipic		es, a	anc	a nighest Com	pensated Emp	oyee	> (contil	nuea)
(A)	Average	(do	not c	•	•	than	one	(D)	(E)		(F)	
Name and title	hours per	box	, unle	ss pe	erson	is both or/trust	n an	Reportable compensation from	Reportable compensation from		stimated unt of oth	
	(list any hours	or no	쿬	유	Te.	em Hig	Fo	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cor	npensation from the	on
	for	or director	ğ	Officer	Key employee	Highest co employee	rmer			ar	ganization nd related	t
	organiza - tions	E E) Tail		ploye	comp				Org	anization	15
	below dotted line)	ustee	nstitutional trustee		ਨਿੱ	Highest compensated employee						
	liney		0			led						
(15) DAVID JACKSON	_0.5_											
MEMBER	0	X						0.	0.			0.
(16) FRANK CLEMENTI MEMBER	0.5	X						0.	0.			0.
(17) KEVIN KELLY	0.5	Α.						0.	0.			
MEMBER	0	X						0.	0.			0.
(18) AMY PEER	0.5											
MEMBER	0	X						0.	0.			0.
(19) FRED CALLOWAY	_0.5_								0			0
MEMBER (20) JAMES BANCROFT	25	X						0.	0.			0.
SEC/TREASURER	$-\frac{2}{2}$			Χ				0.	0.			0.
(21)				21				0.	0.			
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							>	102,000.	0.		13,1	.39.
c Total from continuation sheets to Part VII, Secti							•	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	102,000.	0.	oncatio	13,1	<u>.39.</u>
from the organization 1	to those i	isieu	abov	/e) v	WIIO	recen	veu		o or reportable comp	ensanc	11	
											Yes	No
3 Did the organization list any former officer, direct	tor, or tru	stee,	, key	em	ploy	yee, (or h	ighest compensat	ed employee			
on line 1a? If 'Yes,' complete Schedule J for suc										. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpe	nsa If 'Y	tion ⁄es	and	oth	er compensation f	rom			
such individual										. 4		Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	on fro	om a lule	any <i>J fo</i>	unre r suc	late	d organization or erson	individual	. 5		X
Section B. Independent Contractors										1		
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indestants	epen the c	dent alend	cor	ntra vear	ctors endir	tha ng v	t received more the	nan \$100,000 of ganization's tax year			
(A) (B) (C)												
Name and business address Description of services Compensation												
2 Total number of independent contractors (including to		ited t	o tho	se I	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	▶ 0											

		Check if Schedule O contains a respor	nse or note to any	line in this Part VII	14		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	254,976. 595,967. 167,460.				
	h	Total. Add lines 1a-1f		850,943.			
Ę			Business Code				
ਲ ≳	2 a		11190	17,708.	17,708.		
Program Service Revenue	b		11190	5,409.	5,409.		
ĕ.	С	REGISTRATION_FEES7	11190	5,345.	5,345.		
Şen	d						
Ē	е						
gra	f	All other program service revenue					
윤	q	Total. Add lines 2a-2f		28,462.			
	3	Investment income (including dividends, other similar amounts)	interest and	3,305.			3,305.
	4	•	·				
	5	Royalties					
	_	***	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other						
		Less: cost or other basis and sales expenses					
		Net gain or (loss)	•				
a.		Gross income from fundraising events					
Other Revenue	оа	(not including \$ 254,976.) of contributions reported on line 1c).					
æ		See Part IV, line 18 a	21,500.				
હ્	b	Less: direct expenses b	45,949.				
ਰੋ	С	Net income or (loss) from fundraising even	ents	-24,449.			-24,449.
	9 a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activiting	es ►				
		Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of invent	ory				
		Miscellaneous Revenue	Business Code				
	11 a	VENDING MACHINE 9	00099	180.	180.		
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d	-	180.			
		Total revenue. See instructions	-	858 441	28 642	0.	-21.144.

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

Do I	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	107,000.	69,550.	21 400	16,050.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	09,330.	21,400.	16,030.
7	Other salaries and wages	191,518.	173,648.	17,870.	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	232,3231	2.0,020	27,0101	
9	Other employee benefits	18,775.	12,967.	3,438.	2,370.
10	Payroll taxes	28,962.	23,595.	3,810.	1,557.
11	Fees for services (non-employees):	,	,	,	,
a	Management				
Ł	Legal	6,000.		6,000.	
C	: Accounting	8,425.		8,425.	
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	35,649.	18,713.	602.	16,334.
12	Advertising and promotion.	413.	413.		,
13	Office expenses	10,549.		10,549.	
14	Information technology			,	
15	Royalties				
16	Occupancy	72,751.	66,395.	3,178.	3,178.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,732.	16,732.		
23	Insurance	2,839.		2,839.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOOD	125,129.	125,129.		
	FIELD_TRIPS	23,544.	23,544.		
	MUSICAL PRODUCTIONS	22,058.	22,058.		
	EDUCATION	21,680.	21,680.		
	All other expenses	31,083.	31,083.		
25	Total functional expenses. Add lines 1 through 24e	723,107.	605,507.	78,111.	39,489.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments. 50,292, 2 246,139.			Check if Schedule O contains a response or note to	any line	in this Part X \dots	<u></u>				
2 Savings and temporary cash investments.						(A) Beginning of year		(B) End of year		
3 Piedges and grants receivable, net.		1	Cash - non-interest-bearing			23,278.	1	90,228.		
A Accounts receivable, net 750, 4		2	Savings and temporary cash investments			50,292.	2	246,139.		
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Coans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(3), gard continuous persons described in section 4958(f)(4), gard continuous persons described in section 4958(f)(4), gard for a		3	Pledges and grants receivable, net			,	3	•		
Trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. S		4	Accounts receivable, net			750.	4			
Section 4958(P(1)), persons described in section 4958(C)(2)(E), and notificating employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L		5	trustees, key employees, and highest compensated en	mplovees	. Complete		5			
8 Inventories for sale or use. 8		6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a 3)(B), and (9) volunt Part II o	s defined under contributing ary employees' f Schedule L					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 51,743. 59,204. 10c 56,304. 11 Investments – publicly traded securities. 11 10b 51,743. 59,204. 10c 56,304. 11 Investments – publicly traded securities. 11 12 Investments – publicly traded securities. 12 Investments – pother securities. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11. 13 13 Intrangible assets. 14 15 15 16 Total assets. See Part IV, line 11. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 137,005. 16 402,826. 17 Accounts payable and accrued expenses. 17 18 18 19 19 19 19 19 19	2	7					7			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10b 51,743. 59,204. 10c 56,304. 11 Investments – publicly traded securities. 11 10b 51,743. 59,204. 10c 56,304. 11 Investments – publicly traded securities. 11 12 Investments – publicly traded securities. 12 Investments – pother securities. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11. 13 13 Intrangible assets. 14 15 15 16 Total assets. See Part IV, line 11. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 137,005. 16 402,826. 17 Accounts payable and accrued expenses. 17 18 18 19 19 19 19 19 19	Se	8	Inventories for sale or use				8			
10a	As	9	Prepaid expenses and deferred charges			3,481.	9	10,155.		
b Less: accumulated depreciation.		10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	108 047			.,		
11 Investments — publicly traded securities. 11 12 Investments — other securities. See Part IV, line 11. 12 13 Investments — program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 15 15 15 15 15						59 204	10 c	56 304		
12 Investments — other securities. See Part IV, line 11					31,743.	33,204.		30,304.		
13 Investments — program-related. See Part IV, line 11.			• •		<u> </u>					
14					<u> </u>					
15 Other assets. See Part IV, line 11			, -		<u> </u>					
16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow SFAS 117 (ASC 958), check here Imporarily restricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Unsecured notes and loans payable to unrelated third parties. 20 Diana			-							
17					<u> </u>	137 005		402 826		
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25. 10,765. 25 141,252. 10,765. 26 141,252. 26 Total liabilities. Add lines 17 through 25. 10,765. 26 141,252. 27 261,574. 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 126,240. 33 261,574.			Accounts payable and accrued expenses			1377003.		102,020.		
20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 3 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. 10, 765. 25 141, 252. 26 3 Total liabilities. Add lines 17 through 25. 10, 765. 26 141, 252. 27 3 Unrestricted net assets. 28 3 Temporarily restricted net assets. 29 3 Permanently restricted net assets. 29 4 Permanently restricted net assets. 29 5 Permanently restricted net assets. 29 5 Permanently restricted net assets. 29 5 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 5 Capital stock or trust principal, or current funds. 31 5 Paid-in or capital surplus, or land, building, or equipment fund. 31 5 Retained earnings, endowment, accumulated income, or other funds. 32 5 Total net assets or fund balances. 20 6 Tax-exempt Volument and former officers, directors, trustees, key employees, highest derectors, trustees, key employees, highest derectors, trustees, key employees, highest derectors, trustees, key employees, and disqualified persons. 22 24 25 Complete Date State Volument		18	Grants payable		18					
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19					
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here \times 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not		20	Tax-exempt bond liabilities	ıx-exempt bond liabilities						
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23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here \times 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not	abiliti	22	key employees, highest compensated employees, and	disqualit	fied persons.		22			
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The property of the property o	ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	and complete					
28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 31 Retained earnings, endowment, accumulated income, or other funds. 32 32 Total net assets or fund balances. 126, 240. 33 33 261, 574. 34 Total liabilities and net assets/fund balances. 137, 005. 34 402, 826.	ă	27	Unrestricted net assets			126,240.	27	261,574.		
Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 29 29 29 29 29 29 29 20 29 20 20	Bal	28			<u> </u>		28			
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 126, 240. 37, 005. 38 402, 826.	필	29	Permanently restricted net assets		<u></u> <u></u>		29			
30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 30 31 32 32 33 Total net assets or fund balances. 30 31 32 32 33 261,574. 34 402,826.	r Fur			neck here	·					
Paid-in or capital surplus, or land, building, or equipment fund	ဖွ	30	Capital stock or trust principal, or current funds			30				
Ye32Retained earnings, endowment, accumulated income, or other funds.3233Total net assets or fund balances.126,240.33261,574.34Total liabilities and net assets/fund balances.137,005.34402,826.	e e	31			<u> </u>		31			
33 Total net assets or fund balances 126,240. 33 261,574. 34 Total liabilities and net assets/fund balances 137,005. 34 402,826.	As	32			<u> </u>		32			
34 Total liabilities and net assets/fund balances. 137,005. 34 402,826.	et	33			-	126,240.	33	261,574.		
	Z	34	Total liabilities and net assets/fund balances					402,826.		

Dai	rt XI Reconciliation of Net Assets				-
I al	Check if Schedule O contains a response or note to any line in this Part XI.				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41.
2	Total expenses (must equal Part IX, column (A), line 25).	2			197.
3	Revenue less expenses. Subtract line 2 from line 1	3			334.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			240.
5	Net unrealized gains (losses) on investments.	5		10/2	. 10 .
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	26	61,5	574.
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or 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 reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			v	
	• Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	te			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
ı	a If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 08/03/18		Form	990 ((2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	ame of the organization Employer identification number										
FER	NANDO PULLUM COMMUNIT					45-280029					
Part						•	tions.				
The o	rganization is not a private found				•	•					
1	A church, convention of church	,		•		i).					
2	A school described in section 1		•								
3	A hospital or a cooperative h										
4	A medical research organiza	tion operated in conj	unction with a hospital	describe	d in sec	:tion 170(b)(1)(A)(iii). ⊟	inter the hospital's				
	name, city, and state:										
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in				
6											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	II.)							
9	An agricultural research organi	zation described in se	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege				
	or university or a non-land-granuniversity:	nt college of agriculture	e (see instructions). Ente	r the nan	ne, city, a	and state of the college	or				
10	An organization that normally r from activities related to its e investment income and unre June 30, 1975. See section !	exempt functions—su lated business taxab	bject to certain exception le income (less section	ons, and	(2) no r	more than 33-1/3% of i	ts support from gross				
11	An organization organized ar	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).					
12	An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio	n 509(a`)(2). See section 509(a	ut the purposes of one)(3). Check the box in				
а	Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sur	oported o	organizati	ion(s), typically by givino	the supported on. You must				
b	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ation supervised or or or organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You				
С	Type III functionally integrated	. A supporting organiza	tion operated in connectio	n with, a	nd function	onally integrated with, its	supported				
d	organization(s) (see instructi Type III non-functionally integ	ons). You must com	plete Part IV, Sections	A, D, an	d E.						
	functionally integrated. The constructions instructions). You must com	organization generally plete Part IV, Section	y must satisfy a distribuns A and D, and Part V.	ition req	uiremen	t and an attentiveness	requirement (see				
е	Check this box if the organiz integrated, or Type III non-fu	nctionally integrated	supporting organization	٦.							
	Enter the number of supported	•									
9	Provide the following informatio		, ,				1				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
<u>v v</u>											
<u>(B)</u>											
(C)	(C)										
(D)											
<u>(E)</u>											
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.)

Sec	tion A. Public Support		· ·	· · · · · · · · · · · · · · · · · · ·	<u>, </u>		
Cale begi	ndar year (or fiscal year nning 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 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	18 (line 6, column	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2018. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the bolicly supported o	box on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2017. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop her	re. Explain in Part \	√I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part \ ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	260,900.	478,234.	510,947.	683,993.	850,943.	2,785,017.
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	-13,822.	-12,152.	15,542.	33,420.	28,462.	51,450.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	10,022.	12,102.	10/0121	337 120.	207 102.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	247,078.	466,082.	526,489.	717,413.	879,405.	2,836,467.
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.						0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line	0.	0.	0.	0.	0.	0.
	7c from line 6.)tion B. Total Support						2,836,467.
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	247,078.	466,082.	526,489.	717,413.	879,405.	2,836,467.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	247,076.	400,002.	320,469.	132.	3,305.	3,437.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	132.	3,305.	3,437.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		1,000.	4,778.	152.	180.	6,110.
	Total support. (Add lines 9, 10c, 11, and 12.)	247,078.	467,082.	531,267.	717,697.	882,890.	2,846,014.
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul	<u> </u>				1 1	
	Public support percentage for 20	•					99.66 %
	Public support percentage from 2					16	99.74 %
	tion D. Computation of Inv			d b K 12	(0)	17	0 10 %
17	Investment income percentage for	•		-		—	0.12 % 0.01 %
18	Investment income percentage fr 33-1/3% support tests—2018. If t						0.0-
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization	► <u>X</u>
	33-1/3% support tests—2017. If t line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qu	alifies as a publicl	y supported orgai	nization ►
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, c	neck this box and	see instructions	▶ ∐

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. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section	'		
_	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	_		
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3 c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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		
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? <i>If 'Yes,' provide detail in Part VI.</i>	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
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 .	9с		
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 whether the organization had excess business holdings.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	Lloc t	he examination accounted a gift or contribution from any of the following persons?		Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
-		rining body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	divertors, trustees, or membership of any or more supported expenientians have the negative to regularly appoint.		Yes	No
'	or ele Part V If the direct	le directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization (s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2			1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
		71 11 3 3		Yes	No
	5 :				
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 lization'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	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		s regard.	3		
Sect	tion I	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).			
а		he organization satisfied the Activities Test. Complete line 2 below.			
b	=	he organization is the parent of each of its supported organizations. Complete line 3 below.			
c	=	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

SCITE	edule A (FORM 990 of 990-EZ) 2018 FERNANDO PULLUM COMMUNITY ARTS			00295 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain in st complete Sections A	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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
	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).	4		
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2018

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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 supported 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 is responsive (provide details in Part VI). See instructions.	
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 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			
PAA		Schodulo A (Eo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

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, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		 2018	 2017	2016	2015	 2014	
FILMING RENTAL VENDING MACHINES		\$ 180.	\$ 152.	\$ 4,600. 178.	\$ 1,000.		
	TOTAL	\$ 180.	\$ 152.	\$ 4,778.	\$ 1,000.	\$	0.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

FERNANDO PULLUM COMMUNITY ARTS CENTER 45-2800295 Organization type (check one): Section: Filers of: Form 990 or 990-EZ |X|501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

FERNANDO PULLUM COMMUNITY ARTS CENTER

Employer identification number

45-2800295

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	DINNER AND SNACK (SCHOOL YEAR) BREAKFAST, LUNCH AND SNACK (SUMMER SESSION)	-	
		\$120,000.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	TICKETS, TRANSPORTATION, FOOD & T-SHIRTS FOR 100 KIDS TO DODGER BALL GAME	-	
		\$11,250.	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	AUDIO RECORDING	-	
		\$5,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
24	MULTIMEDIA FELLOWSHIPS		
		\$ <u>12,000.</u>	VARIOUS_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
	<u> </u>	ļ s	

Name of organization FERNANDO PULLUM COMMUNITY ARTS CENTER Employer identification number 45-2800295

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the	tc., contributions to organiz	rations described in section 501(c)(7), (8),
	the following line entry. For organizations of	ompleting Part III, enter the total of	f exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i space is needed.	instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(a)	
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
	Transièree's name, addres	s, and zir + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e)	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	FERNANDO PULLUM COMMUNITY	ARTS CENTER		45-2800295	
Par	t Organizations Maintaining Dono	or Advised Funds or Oth	er Similar Funds	or Accounts.	
	Complete if the organization ans	wered 'Yes' on Form 990	, Part IV, line 6.		
		(a) Donor advised t	unds	(b) Funds and other ac	counts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and do are the organization's property, subject to the				No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing tof the donor or donor advisor	ng that grant funds c or for any other pur	an be used only pose conferring	□ No
Par	•				
ı aı	Complete if the organization ans	wered 'Yes' on Form 990	. Part IV. line 7.		
1	Purpose(s) of conservation easements held b				
-	Preservation of land for public use (e.g.,	·	_ ''''	historically important land	area
	Protection of natural habitat	, in the second of the second		certified historic structure	
	Preservation of open space	L			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation conf	ribution in the form of		
				Held at the End of	the Tax Year
_	Total number of conservation easements			2 a	
	Total acreage restricted by conservation ease		+	2 b	
(Number of conservation easements on a cert	ified historic structure included	in (a)	2 c	
C	Number of conservation easements included structure listed in the National Register			2 d	
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished,	or terminated by the o	rganization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re				
6	and enforcement of the conservation easeme Staff and volunteer hours devoted to monitoring,				year
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and	enforcing conservation	on easements during the year	
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of section	n 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its reto the organization's financial s	evenue and expense s statements that desc	statement, and balance sheet ribes the organization's acc	, and counting for
Par	Complete if the organization ans	ections of Art, Historical wered 'Yes' on Form 990	Treasures, or Ot , Part IV, line 8.	her Similar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets his in Part XIII, the text of the footnote to its final	eld for public exhibition, education	n, or research in furthe	statement and balance she erance of public service, prov	eet works of ide,
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	er SFAS 116 (ASC 958), to repo for public exhibition, education, or	ort in its revenue stat research in furtherand	tement and balance sheet vice of public service, provide t	vorks of art, he
	(i) Revenue included on Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X \dots			·	
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:		
	Revenue included on Form 990, Part VIII, line				
k	Assets included in Form 990, Part X			▶\$	

Part III Organizations Mainta	illing Collec	LIONS OF ATL,	HISTORIC	ai ireasures, or	Other Sillillar ASS	ets (CO)	Illilu	eu)
3 Using the organization's acquisition items (check all that apply):	, accession, and	d other records,	check any o	f the following that are	e a significant use of its	collection		
a Public exhibition		d	Loan or ex	change programs				
b Scholarly research		e	Other					
c Preservation for future gener	ations		_					
4 Provide a description of the organiz Part XIII.		·		· ·				
5 During the year, did the organiza to be sold to raise funds rather the						Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangeme amount on F	ents. Comple Form 990, Pa	ete if the art X, line	organization ans : 21.	wered 'Yes' on Fo	rm 990,	, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian	or other interm	nediary for o	contributions or othe	r assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement							L	
Sir 100, explain the arrangement	mr are xm an	ia complete the	Tollowing to	35101		Amount		
c Beginning balance						, unounc		
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an a						Yes		No
b If 'Yes,' explain the arrangement					- L		-	- NO
b ii fes, explain the arrangement	III Part XIII. C	neck here ii the	ехріанаці	ii iias beeli provided	I OII Part Alli			
Bort V Endoument Funds O	الماء المصماء	ha araani-ati		arad Waal on Far	000 Dort IV/ lin	10		
Part V Endowment Funds. C		T						
1 - Designing of year belongs	(a) Current y	ear (b)	Prior year	(c) Two years back	(d) Three years back	(e) F0	ur years	Баск
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the curren	t year end bala	nce (line 1o	ı, column (a)) held a	s:			
a Board designated or quasi-endowm	ent ►	%						
b Permanent endowment ▶	%							
c Temporarily restricted endowmer	nt ►	%						
The percentages on lines 2a, 2b, a	nd 2c should eq	ual 100%.						
3a Are there endowment funds not in t	he nossession	of the organization	n that are h	ald and administered	for the			
organization by:	.ne possession (or the organization	in that are n	cia aria aariiinisterea	ioi tiic	Γ,	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ated organization	ons listed as red	quired on S	chedule R?		3b		
4 Describe in Part XIII the intended	d uses of the o	rganization's er	ndowment f	unds.				
Part VI Land, Buildings, and								
Complete if the organi			n Form 9	90, Part IV, line	11a. See Form 99	0, Part	X, lir	ne 10.
Description of property	(a) Cost or other (investment	basis (b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment				90,573.	34,269.		56	304.
e Other	-			17,474.	17,474.		/	0.
Total. Add lines 1a through 1e. (Colum		ual Form 990. F	Part X, colui				56	304.
BAA	. ,		,	. ,,		ule D (For		

Schedule D (Form 990) 2018

Part VII		- Other Securities.		N/A	
	•), Part IV, line 11b. See Fo	
(a) Desc	ription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
` '					
	y-held equity interes	sts			
(3) Other					
$\frac{(A)}{(B)}$					
(B)			_		
(C)			_		
$\frac{(D)}{(E)}$ – – –			_		
			-		
(F)			_		
(G) (H)			-		
			-		
(l)					
		190, Part X, column (B) line 12.) •		NT / 7	
Part VIII	Complete if the	- Program Related. e organization answered	d 'Yes' on Form 990	N/A), Part IV, line 11c. See Fo	orm 990 Part X line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost	
(1)			,,		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	o organization anawara	N/A), Part IV, line 11d. See Fo	orm 000 Dort V line 15
	Complete ii tiit		u res on Form 990 escription	o, Part IV, lille 11u. See Fo	(b) Book value
(1)		(a) D(SSCIPTION		(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(10)					
	Jumn (h) must eaus	al Form 990 Part X column i	(R) line 15)		>
Part X	Other Liabilitie		(D) IIIIC 10.)		
raitA	Complete if the ord	ganization answered 'Yes' on	Form 990, Part IV, line 11	le or 11f. See Form 990, Part X, I	ine 25.
		tion of liability	(b) Book value		
(1) Fede	ral income taxes				
	ERRED REVENU	E	141,25	2.	
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
<u>(9)</u> (10)					
(10)					
(10) (11)	nn (b) must eaual Form 9	190, Part X, column (B) line 25.)	► 141.25	2.	
(10) (11) Total. (Colum		190, Part X, column (B) line 25.)		2. annoial statements that reports the organi.	zation's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statemen		• • • • • • • • • • • • • • • • • • •	turn.	
Complete if the organization answered 'Yes' on Form 990, F	-			
1 Total revenue, gains, and other support per audited financial statements			1	906,441.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2 a			
b Donated services and use of facilities	2 b	48,000.		
c Recoveries of prior year grants	2 c			
d Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d.			2 e	48,000.
3 Subtract line 2e from line 1.			3	858,441.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
b Other (Describe in Part XIII.)	4 b			
c Add lines 4a and 4b			4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	858,441.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per l	Return.	
Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ne 12a.		
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements			1	771,107.
			1	771,107.
1 Total expenses and losses per audited financial statements			1	771,107.
1 Total expenses and losses per audited financial statements2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	771,107.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	2 a 2 b		1	771,107.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 	2 a 2 b 2 c		1	771,107.
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 	2a 2b 2c 2d	48,000.	1 2e	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.)	2 a 2 b 2 c 2 d	48,000.		48,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2 a 2 b 2 c 2 d	48,000.	2 e	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a 2b 2c 2d	48,000.	2 e	48,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	48,000.	2 e	48,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	48,000.	2e 3	48,000.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	48,000.	2e 3	48,000.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number FERNANDO PULLUM COMMUNITY ARTS CENTER 45-2800295 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 FERNANDO PULLUM COMMUNITY ARTS CENTER 45-2800295 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) through column (c)) (a) Event #1 **(b)** Event #2 (c) Other events **GALA** NONE REVENUE (event type) (event type) (total number) 1 Gross receipts..... 276,476. 276,476. 254,976. 254,976. **3** Gross income (line 1 minus line 2)..... 21,500. 21,500. Cash prizes..... D I R E C T Rent/facility costs..... 23,776. 23,776. 756. 756. Other direct expenses..... 21,417. 21,417. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 45,949. Net income summary. Subtract line 10 from line 3, column (d) 119 F

		Not income summary. Subtract line to in	on mic o, column (a).				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pa	rt IV, line 19, or re	ported more than	
R E V E N			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Ü E	1	Gross revenue					
F	2	Cash prizes					
D X P P E N C S T S	3	Noncash prizes					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	Yes %	Yes %		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)				
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)			
	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	g activities in each of th	nese states?			
		re any of the organization's gaming license 'es,' explain:					
BAA			TEEA3702L 0	7/02/18	Schedule G (For	m 990 or 990-EZ) 2018	

Sch	edule G (Form 990 or 990-EZ) 2018 FERNANDO PULLUM COMMUNITY ARTS CENTER 4.	5-2800	295	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility.	13 b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name ►			
	Address ►			
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party:			No
	Name ►			1
	Address ►			;
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$	the	<u> </u>	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	umns (iii) and (v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	y additi	onal	
	iniornation. See instructions.			

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

FERNANDO PULLUM COMMUNITY ARTS CENTER

Employer identification number 45-2800295

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution a	ning mounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded						
10	Securities — Closely held stock						
11	$\label{eq:securities} \textbf{Partnership, LLC, or trust interests} \;.$						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate — Commercial						
17	Real estate — Other						
18	Collectibles						
19	Food inventory	X	18,525	120,000.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts						
25	Other► <u>SEE_PART_II</u>)						
26	Other • ()						
27	Other ()						
28	Other► ()						
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done				29		
					_	Yes	No
30a	During the year, did the organization receive by contri	bution any pr	roperty reported in Part I	, lines 1 through 28, that			
	it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initial	contribution, and which	ch isn't required to be u		80 a	Х
b	If 'Yes,' describe the arrangement in Part II.						
31	Does the organization have a gift acceptance police	cy that requi	res the review of any r	nonstandard contribution	ns? 3	31	Х
32a	Does the organization hire or use third parties or noncash contributions?	9	′ '	,		32 a	Х
Ŀ	If 'Yes,' describe in Part II.						
	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	hich column (a) is chec	ked,		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCH M, PART I, LINES 25-28 OTHER NON-CASH CONTRIBUTIONS

APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
X X X	1 1 1 177 4	5,000. 12,000. 4,210. 9,600.	FMV FMV FMV FMV
	X X	APPL? CONTR. X 1 X 1 X 1 X 1	NUMBER OF CONTR. ON FORM 990, PART VIII

SCHEDULE M - ADDITIONAL INFORMATION

FERNANDO PULLUM COMMUNITY ARTS CENTER IS REPORTING THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FERNANDO PULLUM COMMUNITY ARTS CENTER

Employer identification number

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

45-2800295

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FERNANDO PULLUM COMMUNITY ARTS CENTER IS A NONPROFIT ORGANIZATION PROVIDING
FREE, QUALITY PERFORMING ARTS INSTRUCTION TO MORE THAN 600 AT-RISK YOUTH, AGES 5 TO
20. OUR VISION IS TO REPLACE GANGS AND VIOLENCE WITH PERFORMING ARTS IN THE LIVES
OF YOUTH. OUR INSTRUCTION INCLUDES MUSICAL INSTRUMENTS (E.G. PIANO, GUITAR,
SAXOPHONE, CLARINET, FLUTE, TRUMPET, TROMBONE, AND DRUMS), VOICE, DRAMA, DANCE, JAZZ
BAND, MUSIC RECORDING AND FILM MAKING. WE TEACH STUDENTS AT OUR HEADQUARTERS
BUILDING AS WELL AS IN NEIGHBORING SCHOOLS, PROVIDING BOTH AFTER-SCHOOL AND
IN-SCHOOL INSTRUCTION. STUDENTS ARE GIVEN OPPORTUNITIES TO PERFORM IN CLASS
SHOWCASES AS WELL AS IN MAJOR MUSICAL PRODUCTIONS THAT ARE STAGED EACH SEMESTER AND
OPEN TO THE PUBLIC. ADVANCED MUSIC STUDENTS MAY JOIN THE CENTER'S JAZZ BAND WHICH
PERFORMS REGULARLY AT COMMUNITY AND HIGH-PROFILE EVENTS THAT OFTEN INVOLVE MAJOR
RECORDING ARTISTS. IN RETURN FOR RECEIVING INSTRUCTION, THE STUDENTS COMMIT TO
MONTHLY COMMUNITY SERVICE ACTIVITIES INVOLVING THE HOMELESS AND SENIOR CITIZENS.

THE PULLUM CENTER'S OBJECTIVES ARE TO: 1) IMPROVE STUDENTS' ACADEMIC SUCCESS; 2)

DEVELOP STUDENTS' SELF-ESTEEM AND LEADERSHIP SKILLS, IMPART SENSE OF BELONGING AND

REDUCE SELF-DESTRUCTIVE BEHAVIOR; 3) INCREASE STUDENTS' APPRECIATION FOR THE

PERFORMING ARTS AND HOW PARTICIPATION CAN IMPROVE THEIR LIVES; AND 4) CONTRIBUTE TO

LOCAL COMMUNITY THROUGH PERFORMANCES AND SERVICE ACTIVITIES.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

OUR STUDENTS MAINTAIN A MINIMUM GPA OF 2.0 AT SCHOOL TO QUALIFY FOR PULLUM CENTER CLASSES. THEY ATTEND ONE OR MORE CLASSES PER SEMESTER, AT LEAST 2 X'S PER WEEK, ARRIVE ON TIME READY TO WORK AND PRACTICE DAILY & BECOME PROFICIENT IN THEIR CHOSEN PERFORMING ART. THEY LEARN TO PERFORM IN FRONT OF AUDIENCES WITH SELF-CONFIDENCE,

TEEA4901L 10/10/18

Name of the organization

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

BEINGS WHO ACT AS ROLE MODELS FOR THOSE COMING BEHIND THEM. THEY ALSO SERVE THE COMMUNITY BY PARTICIPATING MONTHLY IN FEEDING THE HOMELESS AND VISITING SENIORS IN NURSING HOMES. OVER 90% OF THE HIGH SCHOOL STUDENTS WHO STAY WITH THE PROGRAM GRADUATE. OVER 80% OF THOSE WHO GRADUATE ARE ACCEPTED INTO COLLEGES AND UNIVERSITIES. THROUGH EXPOSURE TO PULLUM CENTER ALUMNI, PROFESSIONAL MUSICIANS AND FIELD TRIPS TO LOCAL MUSEUMS, PERFORMANCE VENUES AND COLLEGES, OUR STUDENTS DEVELOP AN ENLARGED AND POSITIVE VISION OF WHO THEY CAN BE.

IN FISCAL YEAR 18/19 PULLUM CENTER STUDENTS PARTICIPATED IN 64 PUBLIC PERFORMANCES,
54 COMMUNITY OUTREACH EVENTS, 9 FIELD TRIPS AND 14 VISITS TO SENIOR HOUSING
COMMUNITIES. 890 STUDENTS TOOK PULLUM CENTER CLASSES. 76 WEEKLY CLASSES WERE OFFERED
DURING THE SCHOOL YEAR AND 24 WEEKLY CLASSES DURING THE SUMMER PROGRAM. 100% OF THE
HIGH SCHOOL SENIORS IN OUR PROGRAM GRADUATED AND ALL WENT ON TO HIGHER EDUCATION.

THE PULLUM CENTER PARTNERS WITH THE JOHN LENNON EDUCATIONAL TOUR BUS

(WWW.LENNONBUS.ORG), WHICH PROVIDES THE STUDENTS WITH THE OPPORTUNITY OF WRITING,

PERFORMING AND RECORDING MUSIC IN A PROFESSIONAL STUDIO. THIS OPPORTUNITY GOES A LONG

WAY IN DEVELOPING SELF-ESTEEM AND FUELS THE AMBITION OF THOSE STUDENTS WITH

EXCEPTIONAL MUSIC ABILITY. STUDENTS ALSO GO ON AN ANNUAL FIELD TRIP TO THE GRAMMY

MUSEUM.

THE PULLUM CENTER IS A PART OF A CONSORTIUM OF ARTS EDUCATION PROVIDERS IN LEIMERT PARK, THE HEART OF SOUTH LOS ANGELES. OTHER ORGANIZATIONS IN THE CONSORTIUM INCLUDE THE WORLD STAGE, KOAS DANCE, ART WALK, BARBARA MORRISON PERFORMING ARTS CENTER, AND VISION THEATER. THE CONSORTIUM PROVIDES A CONTINUUM OF SAFE SPACES IN LEIMERT PARK FOR AT-RISK YOUTH AND SUSTAINS THE ARTS IN THIS VULNERABLE NEIGHBORHOOD. THE

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ORGANIZATIONS, INCLUDING THE PULLUM CENTER, CLUSTER TOGETHER TO FORM A POWERFUL IMPACT IN THE LIVES OF PEOPLE OF ALL AGES.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BUSINESS RELATIONSHIP - JAMES O'BRIEN (CHAIRMAN) IS A PRINCIPAL OF NAPIER PARK
GLOBAL CAPITAL AND MICHAEL LASHENDOCK (MEMBER) IS AN EMPLOYEE OF THE SAME FIRM
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, THE BOARD CHAIR, THE EXECUTIVE DIRECTOR AND THE TREASURER. UPON APPROVAL BY THE FINANCE COMMITTEE AND SUBMISSION TO THE IRS, A COPY OF FORM 990 IS PROVIDED TO EACH BOARD MEMBER.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

UPON JOINING THE BOARD OR BECOMING A PRINCIPAL OFFICER, EACH PERSON SIGNS A CONFLICT

OF INTEREST DISCLOSURE DOCUMENT THAT AFFIRMS SUCH PERSON WILL (I) STRIVE TO AVOID

CONFLICTS OF INTEREST BETWEEN THE INTERESTS OF FPCAC ON ONE HAND, AND PERSONAL,

PROFESSIONAL, AND BUSINESS INTERESTS (INCLUDING RELATED PARTIES) ON THE OTHER; (II)

AS SITUATIONS ARISE, MAKE A FULL, WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS,

AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST; AND (III) WILL

SUBMIT HIMSELF/HERSELF TO THE JUDGEMENT AND DECISION OF THE BOARD OR COMMITTEE AS

APPROPRIATE TO THE MATTER BEING CONSIDERED. THE SIGNED DISCLOSURE STATEMENT AND ANY

SUBMISSIONS THERETO IS KEPT AT THE CORPORATION'S MAIN OFFICE. AT EACH ANNUAL MEETING

OF THE BOARD THE CONFLICT OF INTEREST POLICY IS REAFFIRMED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE INFORMATION IS AVAILABLE UPON REQUEST