

May 10, 2019

Rikki Mendias Hav a Sole 1250 Long Beach No. 111 Los Angeles, CA 90021

Dear Rikki:

Enclosed is the organization's 2018 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

### **CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before May 15, 2019.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

### CALIFORNIA FORM RRF-1:

The report should be signed and dated by the authorized individual(s).

The California Form RRF-1 should be mailed on or before May 15, 2019 to:

Registry of Charitable Trusts P.O. Box 903447



### Sacramento, CA 94203-4470

Enclose a check or money order for \$75, payable to Attorney General Registry of Charitable Trusts.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

Anthony J. Gales, CPA

## TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

December 31, 2018

### **Prepared For:**

Hav a Sole 1250 Long Beach No. 111 Los Angeles, CA 90021

### **Prepared By:**

ROSSI LLP 400 Oceangate, Suite 1000 Long Beach, CA 90802

### Amount Due or Refund:

Not applicable

### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

### Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form	887	'9-	E	0
Form	001	<b>J</b> -		

### IRS e-file Signature Authorization for an Exempt Organization

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

, 2018, and ending

, 20		

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number

47-1674980

### HAV A SOLE

Name and t	itle of officer	
RIKKI	MENDIAS	
EXECU	TIVE DIRECTOR	
Part I	Type of Return and Return Information	(Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	271,794.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

For calendar year 2018, or fiscal year beginning

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X lauthorize ROSSI LLP	to enter my PIN 90802
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return is being filed with a state agency(ies) regulating charities as part of the IRS Fe enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the or indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	33264890802 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 elect confirm that I am submitting this return in accordance with the requirements of <b>Pub.4</b> : $e$ -file Providers for Business Returns.	
ERO's signature	Date ►
ERO Must Retain This Form - Se	
Do Not Submit This Form to the IRS Unle	ss Requested 10 D0 S0
LHA For Paperwork Reduction Act Notice, see instructions.	Form <b>8879-EO</b> (2018)
823051 10-26-18	

Form <b>990</b>
Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**Open to Public** 

. Inspection

8

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.

AF	or th	e 2018 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	HAV A SOLE			
	Name chang			47-1	674980
	Initial		Room/suite	E Telephone number	
	 Final returr	1250 LONG BEACH	111		743-2493
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	273,191.
	Amer returr	LOS ANGELES, CA 90021		H(a) Is this a group re	turn
	Appli tion	<sup>ca-</sup> <b>F</b> Name and address of principal officer: <b>RIKKI MENDIAS</b>		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
		te: HTTPS: / / HAVASOLE.COM		H(c) Group exemption	
		f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2014 N	State of legal domicile: CA
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PI			
anc		YOUTH WITH QUALITY FOOTWEAR IN ORDER TO E			
ern	2	Check this box      if the organization discontinued its operations or disposed of the organization discontinued its operations of the organization discontinued its operations.			-
Š	3				<u> </u>
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			200
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a a	Net unrelated business taxable income from Form 990-T, line 38		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		8,754.	266,193.
anc	9	Program service revenue (Part VIII, line 2g)		991.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	50.
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61.	5,551.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,806.	271,794.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	15,089.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,583.	229,922.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,583.	245,011.
	19	Revenue less expenses. Subtract line 18 from line 12		-24,777.	26,783.
s or			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		58,495.	256,221.
t As	21	Total liabilities (Part X, line 26)		2,637.	187.
Inc	22	Net assets or fund balances. Subtract line 21 from line 20		55,858.	256,034.
Pa	rt II	Signature Block			

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

Sign	Signature of officer			Date			
Here		VE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	ANTHONY J. GALES, CPA			self-employed P01241476			
Preparer	Firm's name 🕒 ROSSI LLP			Firm's EIN <b>95-4091474</b>			
Use Only	Inly Firm's address 400 OCEANGATE, SUITE 1000						
	LONG BEACH, CA 9	0802		Phone no. 562 - 495 - 3325			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

2       Did the organization undertake any significant program services during the year which were not listed on the proference from 600 or 900-E2?       □ ves [X] NK         11 "Yes, "desting these news services on Schedule 0.       3       Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by program services, and reservices, if forwarest a 219, 844. Franking prime if a 1 (Prevent 1 in 2018 THE ORGANIZATION LAUNCHED ITS SIXTH FOAD TRIP USING SOCIAL MEDIA TO BEING AMARENESS TO THE HOMELESS CR 11815 FACING OUR NATION TODAY. THE ORGANIZATION TAUNCHED OUT BHORE TO THOSE IN NEED UNTIL NET PROPERTING THE ORGANIZATION TAUNCHED OUT SHOES TO THOSE TO THOSE IN NEED UNTIL REACHING THEIR DESTINATION AT FINISH LINE HEADQUARTERS IN INDIANAPOLIS. REACHING THEIR DESTINATION AT FINISH LINE HEADQUARTERS IN INDIANAPOLIS.         UNING THEIR STRINMENT TO HOST A STREAM REAL STREAM STREAM UNIT THE FINISH LINE HEADQUARTERS IN INDIANAPOLIS.         UNING THEIR STRINMENT TO HOST A STREAM REAL STREAM STREAM UNIT THE FINISH LINE HEADQUARTERS IN INDIANAPOLIS.         UNING THEIR STRINMENT TO HOST A STREAM REAL STREAM STR	<ul> <li>Briefly describe the organization's mission: NONE</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.</li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as I Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.</li> <li>(Code:) (Expenses \$ 219,844. including grants of \$) (Revent IN 2018 THE ORGANIZATION LAUNCHED ITS SIXTH ROAD TRIP US MEDIA TO BRING AWARENESS TO THE HOMELESS CRISIS FACING OF TODAY. THE JOURNEY BEGAN IN LOS ANGELES AT A LOCAL FINIS? WHERE THE ORGANIZATION'S TEAM PICKED UP SHOE DONATIONS H</li> </ul>		X No
prior Form 580 or 990.27	<ul> <li>prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as it Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.</li> <li>4a (Code:) (Expenses \$ 219,844. including grants of \$) (Revenue 100 mm 100 mm</li></ul>	The social social provided the second	XN
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	010 044	)	
SEE SCHEDULE O FOR CONTINUATION(S)			<b>90</b> (201)
	32002 12-31-18 SEE SCHEDULE O FOR CONTINUATION (S	)	

			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?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		_ <u></u>
10		10		x
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			
••	as applicable.			1
-				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
Ŀ.	Part VI	11a	~	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,			1
	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		X
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			1
	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			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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	17		X
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		x
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? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
				(2018)

Form **990** (2018)

	Form	990	(201	8)
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HAV A SOLE

Form	990	(2018)	
1 01111	000	(2010)	

 Form 990 (2018)
 HAV A SOLE

 Part IV
 Checklist of Required Schedules (continued)

22       Diff the organization report more than 55,000 of grants or other assistance to or for demetic individuals on Part X. Count N, Jine 24, 47, so complete Schedule / Parts I and Terrer Officer, directors, trustees, key employees, and highest compensation of the organization is surrent and former officer, directors, trustees, key employees, and highest compensation of the organization is a survey of the organization have as the excernt pt bond lases with an outstanding principa amount of more than \$10,000 as of the Schedule K. If No., "po time 28a.       24b         23       Did the organization inset any proceeds of tax-exampt bond beyond a temporary period exception?       24b         24       Did the organization inset any proceeds of tax-exampt bonds beyond a temporary period exception?       24b         24       Did the organization inset any proceeds of tax-exampt bonds beyond a temporary period exception?       24c         25       Section 501(403, 501(424), and 50(4), 501(424) and 50(126) organizations. Dot the organization engole in a seccess benefit taracticum than a disqualified person in a piror year, and that the transaction has not been reported on any of the organization engole in an excess of the organization engole in the seccess period with a disqualified person in a piror year, "complete Schedule L, Part I         25       Section 501(43), 501(44), and process, benefit transaction with an excess benefit taracticum to normal member. <i>J Part N</i> ( <i>J Part I</i> )       24c         26       V bid the organization reports any annount on Part X, line 5, 6, cf 22 for receables from or physels to any current or former officer, function, trustees, key employees 2 for tany offensization proved as a part to a busin				Yes	No
23       Did the organization asseer "Yes" to Part WL Section A, line 3, 4, of 5 about compensation of the organization's current and former differ, directors, fuscase, key employees, and highest compensated employees? If "Yes," complete Schedule J, If No, 10 the organization have a tax excempt bond issue with an outstanding principal amount of more than \$100,000 as of the lists during the year, that was insued after Desember \$1, 2002? If "Yes," tanseer lines 240 through 244 and complete Schedule K. If No, 19 to line 256.       24a         D Did the organization invest my proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         D Did the organization acts as no to behalt of issuer for bonds outstanding at any time during the year?       24d       X         25 Section 50(45), 50(4)(4), and 50(10(28) organizations. Did the organization and the finangad in an excess benefit transaction has not been reported on any of the organization and the finangad in an excess benefit transaction has not been reported on any of the organization is plor Form 900 or 900-E27. If "Yes," complete Schedule 1, Part I       25b       X         26 Did the organization aver that if the ranged of an excess benefit transaction has not been reported on any of the organization in plor yea, and that the transaction has not been reported on any of the organization provide to any current or former officer, director, trustees, key employees, and stantial contributor or applicable fing thresholds, conditions, and exceptions?       27b       X         27 Did the organization applicable fing thresholds, conditions, and exceptions?       27e       X         28 Did the organization aprove is a subsise transaction with on of th	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees?     # 'Yes, ' complete       24a     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 yes, that was issued after December 31, 2002 [' I''es', ' answer innes 244 birrough 244 and complete     24a       24b     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a       25     Did the organization markina an encorw account the than a refution gene convert and the during the year's     24d       25a     Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization argage in a excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior year, and that the transaction has not been reported on any of the organization is prior year, and that the transaction has not been reported on any of the organization is prior year, and that the transaction has not been reported on any of the organization is prior year, and that the transaction has not been reported on any of the organization is prior year, and that the transaction has not been reported on any of the organization is prior year, and that the transaction has not been reported on any of the organization is prior year, and that the organization marking and the organization is prior year, and that the transaction has not been reported in the organization is prior year, and that the organization marking and the organization is prior year, and that the transaction has not been reported in the year or other assistance to an officer, director, tustee, critical transaction with a disqualified persons 1 if Yres, ' complete Schedule L, Part I		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule /         23         X           4a D bit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K. H"Ns," or pite the Documber 31, 2002? If "Yes," answer lines 2db through 2dd and complete         240           b D bit the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?         240           c D bit the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?         240           c D bit the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?         244           2 B detion 501(6), 501(c)(4), 400(c)(4) organization. D bit the cognization any tax exempt bonds on the organization and that the rangad in an access benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization specifies from or psyables to any current or termer offices, director, trustes, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I           28 D bit the organization probe target and organization specifies conclusted any or target based and problems, or do a 35% controlled entity or family member or or any ordine to represent the solution or employee baseds if "Yes," complete Schedule L, Part IV           29 D bit the organization reporter generation specifies and the solution or applicable schedule L, Part IV         28a         X           20 D bit the organization problem and the schedule L, Part IV         28a         X           20 D bit the organization problem and thesoft th	23				
24a       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 // No." go to line 28a.       24a       X         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         Did the organization invest any proceeds of tax-exempt bond and beyond a temporary period exception?       24d       X         25a       Section \$01(c)(3), 501(c)(4), and \$501(c)(2)) organizations. Did the organization angage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that tengaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I       25a       X         Did the organization reveals and on any of the organizations splice from splice person? If "Yes," complete Schedule L, Part I       25a       X         Did the organization provide a grant or other assistance to an officer, director, trustee, kay employee, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entry or family member of a current former officer, director, trustee, or key employee (or a family member facure).       28a       X         27       X       28b       X       28b       X         28b       X       28b       X       28b       X         29b       Conther dispare discont functin trustee, or key employee		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24d     24d       c Did the organization and tas an "on behalf of" issuer for bonds outstanding at any time during the year?     24d     24d       25 Section 50 (160), 50 (164), 40 and 50 (162) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     24d     25a       25 Did the organization accel that the transaction has not been reported on any of the organization page in a price scenes benefit transaction shan ot been reported on any of the organization provide a grant or other assistance to an officar, director, trustee, key employees, highest compensated employees, or discualified person? If "Yes," complete Schedule L, Part I     26b     X       26 Did the organization provide a grant or other assistance to an officar, director, trustee, response schedule transe, or to a 55c controlled entity of mainly member of any of these persons? If "Yes," complete Schedule L, Part II     26a     X       27 Did the organization neore that assistance to an officar, director, trustee, or key employee? If Yes," complete Schedule L, Part IV     26a     X       28 Was the organization exerve to the more officer, director, trustee, or key employee for a family member of any of these person? If "Yes," complete Schedule L, Part IV     26a     X			23		
Schedule K, H' No, 'go to line 25a       24a       X         b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       24a       24a         c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24a       24a         25a       Section 501c(3), 501c(3), and 501(c(3), organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction any of the organization's pior Forms 990 or 990/E27. If "Yea," complete Schedule L, Part I       25a       X         27 Did the organization report any amount on Part X, line 5, 6, or 22 for reelivables from or payables to any current or former officer, director, trustes, key employees, highest compensated employees, or disqualified persons? If "Yea," complete Schedule L, Part II       26a       X         28 Was the organization report age and or other assistance to an officer, director, trustee, key employee, substantial contributor or employee threads, a grant selection committee member, or to a 30% controlled entity or tamily member of a current former officer, director, trustee, new penicypee? If "Yea," complete Schedule L, Part IV       27a       X         28 Was the organization reporte again and the engine state controllow of the regunstration enset we contributions, and exception?       27a       X         29 Did the organization inglote Schedule L, Part IV       28a	24a				
b     Def the organization meest any proceeds of tax-evempt bonds beyond a temporary period exception?     24b       c     Did the organization meest any account other than a refurding secrow at any time during the year to defease any tax-evempt bonds?     24d       d     Did the organization acts as an "on behalf of issue for bonds outstanding at any time during the year?     24d       258     Section 501(cpl3, 501(cl4), 405(cl4), 400(cl4), 400 501(cpl3) organizations. Did the organization acque that the reagaed in an excess benefit transaction with a disqualified person during the year?     25a       250     Did the organization acque that the reagaed in an excess benefit transaction with a disqualified person?     25b       250     Did the organization acque that the reagaed in an excess benefit transaction with a disqualified person??     26b       260     Did the organization appet that reagaed in an excess benefit transaction with a disqualified person??     26b       270     Did the organization appet that, g and selection committee member, or to a 35K controlled entity or fundy member of any of these person??     26b       271     Did the organization appet that, g and selection committee member, or ta 35K controlled entity or fundy member of a current or former officer, director, trustee, or key employee (or a family member)     27       271     Did the organization appet that, or key employee (or a family member)     28a       272     Did the organization cave, to current or former officer, director, trustee, or key employee (or a family member)     28a					
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?       24d         22e       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d         23e       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       25d         24d       List organization area tas an 'on behalf of' issuer for bonds outstanding at any time during the year?       25d         25       Bettion organization area tas an 'on behalf of' issuer for bonds outstanding at any time during the year?       25d         25       bit the organization area tas in 'on behalf of' issuer for bonds outstanding at any time during the year?       25d         26       bit the organization provide a grant or other sasistance to an officer, formes forms officer, fustes, key employees, highest compensated employees, or disputaling the prison?       26d         27       X       Was the organization provide a grant or other assistance to an officer, fustes, complete Schedule L, Part I       26d         28       A current or former officer, fustes, or key employee?       17 Yes, 'complete Schedule L, Part IV       26d         29       A current or former officer, fustes, or key employee?       17 Yes, 'complete Schedule L, Part IV       26d       X <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
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         25a       Section 501(c)(A), 501(c)(A), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a dispulatified person during the year? II "Yes," complete Schedule L, Part I       25a         25b       Is the organization aware that it engaged in an excess benefit transaction with a dispulatified person in a prior year, and that the transaction must and singulatified person in a prior year, and that the transaction run and the organization's prior Forms 980 or 990-E27. If "Yes," complete Schedule L, Part I       25b         26b       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, or disqualited persons? If "Yes," complete Schedule L, Part II       26b       X         27       Did the organization a party to a business transaction with and embery, or to a 5% controlled entity or family member of a unrent or former officer, director, trustee, or key employees, conducte L, Part IV       28a       X         28       A current or former officer, director, trustee, or key employees (P 'Yes, 'complete Schedule L, Part IV       28a       X         29       Did the organization receive corributions and exceeptons!       A current or former officer, director, trustee, or key employees? If "Yes, 'complete Schedule L, Part IV       28a       X         29       Did the organization receive c			240		<u> </u>
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?       24d         25a Section 501(c)(a), 501(c)(a), 401(c)(a), 405(c)(a)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>H</i> "Yes," <i>complete Schedule L, Part I</i> 25a         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction han or how year, and organization. The organization is prior Forms 900 or 994-E27. <i>H</i> "Yes," <i>complete Schedule L, Part I</i> 25a         27       Did the organization argonization. The organization is prior Forms or disqualified persons? <i>H</i> "Yes," <i>complete Schedule L, Part II</i> 26         28       Was the organization a party to a business transaction with or to a 35% controlled entity or family member of a organization prior forms or difficer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? <i>H</i> 'Yes," <i>complete Schedule L, Part IV</i> 28a         28       Was the organization reverve or otherer difficer, director, trustee, or key employee? <i>H</i> 'Yes," <i>complete Schedule L, Part IV</i> 28a       X         29       Did the organization reverve met than 255.0000 in no cach contribution?       29a       X         20       A current or former officer, director, trustee, or key employee? <i>H</i> 'Yes," <i>complete Schedule L, Part IV</i> 28a       X	C		240		
25a       Section 501(c)(X), and 501(c)(Z9) 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         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or gayables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part I       25b       X         27       Did the organization organization organization organization a SSS controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         28       Was the organization any of these persons? If 'Yes,' complete Schedule L, Part IV       28a       X         28       Was the organization apprice of director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization apprice of officer director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         20       Did the organization apprice officer director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       DA tarvity member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         20       Dette organization neceive contributions	Ь				
transaction with a disqualified person during the year? // *Yes," complete Schedule L, Part I       25a       X         b       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 900 G27 // If *Yes," complete Schedule L, Part I       25b       X         26       Did the organization propert any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or tormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // If *Yes," complete Schedule L, Part II       26a       X         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? // *Yes, 'complete Schedule L, Part IV       26a       X         28       Was the organization provide a grant or other assistance to an officer, director, trustee, or two employee (or a family member of a current or former officer, director, trustee, or key employee? // *Yes, 'complete Schedule L, Part IV       28a       X         29       Did the organization receive more than 525,000 in non-cash contributions? // *Yes, 'complete Schedule M       20a       X         29       Did the organization receive ontributions of an thistorial treasures, or other similar assets, or qualified conservation contributions? // *Yes, 'complete Schedule M, Part I       30a       X			ZTU		
b       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 or 900 E27 if "Yes," complete Schedule L, Part I       256         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 officer, director, trustees, key employees, bighest composed end end or end or end or end end or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 395 controlled entity or tamily member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Was the organization approximation provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 395 controlled entity or tamily member of any of these persons? If "Yes," complete Schedule L, Part IV       28       X         28       Was the organization approximation receive contributions of an historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28       X         29       Did the organization receive and thy within the meaning of section 512(b)(13)?       30       X         20       Did the organization receive andiffice, director, trustee, or key employee (a fartily member of	200		25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule I, Part I     25       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 I, Part II     26       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 II     27     X       28     Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV     28a     X       29     Did the organization receive contributors of recer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV     28a     X       29     Did the organization receive more than 253,000 in non-cash contributions? If 'Yes,'' complete Schedule M     20     X       30     Did the organization incelve contributions of art, historical reasures, or other similar assets, or qualified consenzation contributions? If 'Yes,'' complete Schedule M     30     X       30     Did the organization incelve contributions of art, historical reasures, or other similar assets, or qualified consenzation contributions? If 'Yes,' complete Schedule A, Part I     31     X       31     Did the organization incelve and cease operations?     I	b		Lou		<u> </u>
Schedule L, Part I       25b       X         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, furctors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II       26       X         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? // "Yes," complete Schedule L, Part IV       27       X         28 Was the organization payothy to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 A tarring member of a current or former officer, director, trustee, or key employee (If "Yes," complete Schedule L, Part IV       28b       X         29 Did the organization provide or folder of unree of the regulations; and exceptions):       a A current or former officer, director, trustee, or key employee (If "Yes," complete Schedule L, Part IV       28b       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule A       29       X         30 Did the organization oligidate, terminate, or dissolve and cease operations?       31       X         31 Did the organization and exchange, dispose of, or transfer more than 25% of Its net assets? If "Yes," complete Schedule A, Part I       30       X         32 Did the organization releve	~				
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, or disqualified persons? // "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part IV       28       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee (or family member thered) was an officer, director, trustee, or key employee (or family member thered) was an officer, director, instee, or key employee (or family member thered) was an officer, director, trustee, or experiments, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions or at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28a       X         20       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I       20       X         30       Did the organization receive contributions of at, historical treasures, or other similar assets? If "Yes," complete Schedule R, Part I       30       X			25b		x
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       28       X         2D oft 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       X         2B Was the organization provide a grant or other assistance to an officer, director, trustee, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         2B A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         2B Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         3D Did the organization receive enorthant/School in non-cash contributions? If "Yes," complete Schedule M       29       X         3D Did the organization receive any than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         3D Did the organization receive any complete Schedule M       30       X         3D Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       33       X         3Se Did the organization neave to anontioled entity within	26				
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       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructer, or inder of organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contribution of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M       31       X         32       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35       35       X         33       Did the organization neatership of freedrail income tax purposes? If "Yes," complete Schedule R, Part II					
27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, 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 IV       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         28       A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or exel to indirect owner? If "yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M       29       X         30       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         31       Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections \$17.071: 2 and \$17.071: 2 m/yes," complete Schedule R, Part I       33       X         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)?       35a       X         35a       Did the organization sela controlled entity within		complete Schedule L. Part II	26		x
of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 Mas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         20 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         32 Did the organization relate contributions of aft, historical treasures, or other similar assets, or qualified conservation contributions on 100% of an entity disregarded as separate from the organization neglet.       30       X         33 Did the organization sellated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II       33       X         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       X         35a       X       35a       X       35a       X         36a<	27	•			
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):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       D d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28c       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization inguidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule N, Part I       31       X         32       Did the organization inguidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule N, Part I       32       X         33       Did the organization inguidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       34       X         35a       Section 5010(c)(3) organizations. Did the organization receive any payment from or		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule N, Part I Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I Wes the organization related to any tax-exempt or taxable entity? II "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 June 1 Jun		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         33       Did the organization neared the any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         34       Was the organization neared to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       35a         35a       Did the organization controlied entity within the meaning of section 512(b)(13)? </td <td>28</td> <td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV</td> <td></td> <td></td> <td></td>	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family member thereof) was an officer, director, trustee, or wey employee (or a family imported construction or or trustee) or or trustee, or omplete Schedule N, Part I     28c     X         31       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, III, or IV, and Part V, line 1       33       X         33       Did the organization have a controlled entity within the					
c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or undirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X       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 I       31       X         33       Did the organization neelted to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X       35a         35a       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         36       Section 501(c)(3) organization. Bid we organization make any transfers to an exempt non-charitable related organization       37       X         35a       Did the organization conduct more			28a		
director, trustee, or direct or indirect owner? /f *Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? /f *Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f *Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f *Yes," complete Schedule N, Part I       31       X         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? /f *Yes," complete Schedule R, Part I       32       X         34       Was the organization related to any tax-exempt or taxable entity? /f *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         35a       Did the organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt on-charitable related organization?       36       X         37       Did the organization complete Schedule Q and provide ex			28b		<u> </u>
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       1       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization neutry disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       32       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37       X<	С				
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       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 I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X				37	
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?       If "Yes," complete       32       X         33       X       33       X       33       X         34       Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         354       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       X         36a       Did the organization neve a controlled entity within the meaning of section 512(b)(13)?       35a       X         37       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         38       Did the organization complete Schedule Q and provide explanations in Schedule O for Part V, line 2       36       X         39       Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19?       38 <td< td=""><td></td><td></td><td>29</td><td>X</td><td> </td></td<>			29	X	
31       Did the organization liquidate, terminate, or dissolve and cease operations?       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 I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       32       X         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       X         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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         37       Did the o	30	•			v
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       32       X         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       X         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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       f" "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ine 2       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       X       Note. All Form 990 filers are required to complete Schedule O       18       Yes       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X <td< td=""><td></td><td></td><td>30</td><td></td><td></td></td<>			30		
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         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       33       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35a       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         39       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X </td <td>31</td> <td></td> <td></td> <td></td> <td>v</td>	31				v
Schedule N, Part II       32       X         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       X         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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and 19?       38       X         39       Note. All Form 990 filers are required to complete Schedule O       Schedule O for Part VI lines 11b and 19?       38       X         10       the organization complete Schedule O contains a resp	20		31		
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       X         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       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       X       Yes." Schedule O contains a response or note to any line in this Part V       38       X         Ite the number of Forms W-2G included in line 1a. Enter -0· if not applicable       1a       4       1b       0         Ite X       X	32		22		x
sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b <i>If</i> "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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 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</i> "Yes," <i>complete Schedule R, Part VI</i> 37 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  18 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?	33	,	32		- 23
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note. All Form 900 filers are required to complete Schedule O       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       <	55		33		x
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note. All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       (gambling) winnings to prize winners?       X	34	Was the organization related to any tax-exempt or taxable entity? If "Ves," complete Schedule P. Part II. III. or IV. and			<u> </u>
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         9       Note. All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       38       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	•.		34		x
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? // "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?       36       X         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? // f"Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 11b and 19?       38       X         38       Did the organization complete Schedule O       38       X       X         39       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O contains a response or note to any line in this Part V       38       X         39       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4       4       1b       0         a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       1a       X       1b       0       1a       X         10       Di	35a				<u> </u>
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?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         90       filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1       1         Check if Schedule O contains a response or note to any line in this Part V       I       I       I         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1       1       I       I         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1       1       I       I       I         c       Did the organization comply with backup withholdin					
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         90       Note. All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V			35b		
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         98       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       98       Yes       No         1a       4       4       1       1       4       1       <	36				
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part 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       38       Y         1a       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 (gambling) winnings to prize winners?       1a       4 1b       0 0       4 1c       X		If "Yes," complete Schedule R, Part V, line 2	36		X
38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part 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       38       X         1a       4       4       4       4       4       4         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4       4       6         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1a       X	37				
Note. All Form 990 filers are required to complete Schedule O       38       X         Part 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       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4       Image: Check if Schedule O contains a response or note to applicable       1a       4       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part 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         Yes No         1a       4         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       4         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X	38				
Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1a       4       4       4       4       6       6       10       0       10       <	Der	Note. All Form 990 filers are required to complete Schedule O	38	Х	
1a       Yes       No         1a       4       1a       4         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X	Par				
1a       1a       4         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X			<u></u>		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?					
	С		10	x	
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Form	990 (2018)       HAV A SOLE       47-1674         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)	980	Pa	age <b>5</b>
1 4			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
Za	filed for the calendar year ending with or within the year covered by this return 2a 1			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		x
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
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?N/A	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<b> </b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		<b> </b>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	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		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а	•	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
D	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			
		140		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
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)

832005 12-31-18

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Fai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			for a "N	lo" re	espon	se
							Γ
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u></u>			L
000	tion A. doverning body and Management					Vee	Г
10	Enter the number of voting members of the governing body at the end of the tax year	1a		9٦		Yes	1
Id				-+			
	If there are material differences in voting rights among members of the governing body, or if the governing						
<b>h</b>	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	4		9			
-	Enter the number of voting members included in line 1a, above, who are independent	1b	othor				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		ľ
~	officer, director, trustee, or key employee?			·····  -	2		┢
3	Did the organization delegate control over management duties customarily performed by or under the				•		
	of officers, directors, or trustees, or key employees to a management company or other person?				3		┢
4	Did the organization make any significant changes to its governing documents since the prior Form 9			····· -	4		┢
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		
6	Did the organization have members or stockholders?			·····	6		$\vdash$
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		
	more members of the governing body?			·····	7a		╞
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockholder	s, or				
	persons other than the governing body?			F	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•				L
а	The governing body?				8a	X	╞
b	Each committee with authority to act on behalf of the governing body?			F	8b	Х	╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
2	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			<u></u>	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Coo	de.)				Т
				Г		Yes	╞
	Did the organization have local chapters, branches, or affiliates?			·····	10a		╀
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, aff	iliates,				L
				····· ⊢	10b	37	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fill	ing the form	n?	11a	Х	┝
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						E
	Did the organization have a written conflict of interest policy? If "No," go to line 13			····· ⊢	12a		╞
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b		╀
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,					
	in Schedule O how this was done			·····	12c		╀
13	Did the organization have a written whistleblower policy?				13		
14	Did the organization have a written document retention and destruction policy?			L	14		L
15	Did the process for determining compensation of the following persons include a review and approva	l by indep	endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						L
	The organization's CEO, Executive Director, or top management official				15a	X	╞
b	Other officers or key employees of the organization			L	15b	X	L
	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 arranger	nent with a	1				L
	taxable entity during the year?			L	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	cipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's					L
	exempt status with respect to such arrangements?		<u></u>	<u></u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	id 990-T (S	ection 501	(c)(3)s c	only) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other <i>(explair</i>						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of inte	erest policy	y, and fi	nanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and red	cords 🕨				
	JESSICA FERNANDEZ - 310-202-7580						
	1250 LONG BEACH AVE SUITE 111, LOS ANGELES, CA 900	)21					_
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Form 990 (2	018) HAV A SOLE	47-1674980	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	est 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 0 1			

1a 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. 

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			bense		(W-2/1099-MISC)		organization
	organizations	ial tru	onal 1		ploye	e com				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANA MASON	5.00	-	<u> </u>	of	Υğ	토등	요			
TREASURER	5.00	х		x				0.	0.	0.
(2) JENNY JACKSON	1.00									
SECRETARY		x		x				0.	0.	0.
(3) RIKKI MENDIAS	50.00									
EXECUTIVE DIRECOR		х						13,750.	0.	0.
(4) ERIC WEINBERGER	1.00									
CO CHAIR		Х						0.	0.	0.
(5) CATHI CARLTON	1.00									
CHAIR PERSON		Х						0.	0.	0.
(6) GREGORY BUTLER	1.00									
BOARD MEMBER		х						0.	0.	0.
(7) ED BARNETT	1.00									_
BOARD MEMBER		х						0.	0.	0.
(8) BRENNAN DECKER	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) DAMEON PENLAND	1.00								0	0
BOARD MEMBER		Х						0.	0.	0.
		<u> </u>								
		1								
		ŀ								
					-					
		1								
832007 12-31-18		I		I	I	1		1		Form <b>990</b> (2018)

832007 12-31-18

Form **990** (2018)

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	990 (2018) HAV A SOI									47-16	5749	80	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per	(do	not c	(C Pos heck	<b>C)</b> itior <sup>more</sup>		one	ompensated Employee (D) Reportable compensation	(E) Reportable Es		(F) timate		
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated higher hi		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om the anizat d relate anizatio	e ion ed
	Sub-total								13,750.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								13,750.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	•			0
_	· · · · ·										Г		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	,		<i>.</i>					0	1 ,		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	iccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or si	ıch ı	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensati	on fro	m	
	(A) Name and business			ONE					(B) Description of s		(C)		n	
			110	/141	_									
								_						
								_						
2	Total number of independent contractors (ir	0	ot lin	nited	d to	thos (		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🗩					,					orm <sup>9</sup>	<b>990</b> (2	2018)

Form	990	0 (2018) HAV A SOLE				47-1674	980 Page 9
	't V						
		Check if Schedule O contains a respo	onse or note to any line	e in this Part VIII			
		·		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 :	a Federated campaigns1a	1				
ts, Grants Amounts		b Membership dues 1b					
Ωŭ		c Fundraising events 1c	;				
Gifts, ilar An		d Related organizations 1c	I				
Contributions, Gift and Other Similar	(	e Government grants (contributions) 1e	•				
rsi	1	f All other contributions, gifts, grants, and					
but		similar amounts not included above	266,193.				
d Oti	9	g Noncash contributions included in lines 1a-1f: \$	160,441.				
aCo		h Total. Add lines 1a-1f	►	266,193.			
			Business Code				
e	2 8	a					
e ric	I	b					
Se	(	c					
am eve	(	d					
Program Service Revenue	(	e					
P.	1	f All other program service revenue					
		g Total. Add lines 2a-2f	<b>&gt;</b>				
	3						
		other similar amounts)	►	50.			50.
	4	Income from investment of tax-exempt bo					
	5	Royalties	►				
		(i) Rea					
	6 8	a Gross rents					
	I	b Less: rental expenses					
		c Rental income or (loss)					
	(	d Net rental income or (loss)	►				
	7 :	a Gross amount from sales of (i) Securit	ies (ii) Other				
		assets other than inventory					
	I	b Less: cost or other basis					
		and sales expenses					
	(	c Gain or (loss)					
		d Net gain or (loss)	►				
Other Revenue		a Gross income from fundraising events (no including \$ of					
eve		contributions reported on line 1c). See					
Ŗ		Part IV, line 18	a				
the	I	<b>b</b> Less: direct expenses					
Ò		c Net income or (loss) from fundraising ever					
		a Gross income from gaming activities. See					
		Part IV, line 19					
	I	<b>b</b> Less: direct expenses					
		c Net income or (loss) from gaming activitie					
		a Gross sales of inventory, less returns					
		and allowances	<b>a</b> 6,948.				
	I	<b>b</b> Less: cost of goods sold					
		c Net income or (loss) from sales of invento		5,551.	5,551.		
ľ		Miscellaneous Revenue	Business Code				
ĺ	11 :						
		b					
		с					
		d All other revenue					1
		e Total. Add lines 11a-11d					
	12	· · · · · · · · · · · · · · · · ·		271,794.	5,551.	0.	50.
83200	9 12-3			<b>_</b>			Form <b>990</b> (2018)

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	Benefits paid to or for members				
5	Compensation of current officers, directors,	15,089.	13,580.	1,509.	
6	trustees, and key employees	15,005.	15,500.	1,505.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	698.		698.	
	Accounting	4,384.		4,384.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	14 000	12 200	0.4.0	
	column (A) amount, list line 11g expenses on Sch 0.)	14,238.	13,389.	849.	
12	Advertising and promotion	1,228.	1,167. 1,211.	<u>61.</u> 214.	
13	Office expenses	1,425. 1,838.	1,746.	92.	
14	Information technology	1,030.	1,740.	52.	
15 16	Royalties	29,583.	28,104.	1,479.	
17	Occupancy Travel	3,411.	3,240.	171.	
18	Payments of travel or entertainment expenses	0,1111	0,2101		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,079.	2,771.	308.	
23	Insurance	5,482.	4,934.	548.	
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 0.)				
а		137,729.	137,729.		
b	CAPACITY BUILDING	13,725.	5 0 4 0	13,725.	
c	AUTO EXPENSE	5,313.	5,048.	265.	
d		3,851.	3,466. 3,459.	<u>385.</u> 479.	
	All other expenses	3,938. 245,011.	<u> </u>	<u>4/9</u> . 25,167.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	24J,UII•	419,044.	4J,10/•	0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here first following SOP 98-2 (ASC 958-720)				
					- 000 (

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## Form **990** (2018)

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Form 990 (2018)

HAV A SOLE 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

# 11

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		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			46,295.	1	40,890.
	2	Savings and temporary cash investments				2	125.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer off	icers, directors,			
		trustees, key employees, and highest compensa	oloyees. Complete				
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqualif	ons (as defined under				
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sections	on 501(	c)(9) voluntary			
sts		employees' beneficiary organizations (see instr).		F		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	205,519.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		15 205			
		basis. Complete Part VI of Schedule D		15,395.	10 000		0 007
		Less: accumulated depreciation		6,158.	12,200.	10c	9,237.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		Г		12	
	13	Investments - program-related. See Part IV, line 1		F		13	
	14	Intangible assets				14	450
	15	Other assets. See Part IV, line 11				15	450.
	16	Total assets. Add lines 1 through 15 (must equa			58,495.	16	256,221.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
Lial	00	Complete Part II of Schedule L				22 23	
	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated				23 24	
	24 25	Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
					2,637.	25	187.
	26	Schedule D Total liabilities. Add lines 17 through 25		F	2,637.	26	187.
		Organizations that follow SFAS 117 (ASC 958)			2,0070	20	
		complete lines 27 through 29, and lines 33 and					
ice:	27	Unrestricted net assets			55,858.	27	256,034.
alan	28	Temporarily restricted net assets			· · · · · · · · · · · · · · · · · · ·	28	
B	29					29	
nn		Organizations that do not follow SFAS 117 (AS					
Net Assets or Fund Balances		and complete lines 30 through 34.		· · · ·			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or eq				31	
μA	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			55,858.	33	256,034.
	34	Total liabilities and net assets/fund balances			58,495.	34	256,221.
							Form <b>990</b> (2018)

Form 990 (2018)
Part X Balance Sheet

HAV A SOLE

Form	1 990 (2018) HAV A SOLE	47-167	4980	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,794.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,011.
3	Revenue less expenses. Subtract line 2 from line 1	3		,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55	,858.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	173	,393.
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	256	,034.
Pa	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: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. <b>2</b> b	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
_	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. <b>3</b> b	

Form **990** (2018)

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Department of the Treasury

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Interna	al Rever	nue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection	
Name of the organization							identification nu				
_			HAV	A SOLE					4	<u>7-1674980</u>	
Pa	rt I	Reason	for Public (	Charity Status	(All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The	organ	ization is not a	a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associati	on of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).			
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170	)(b)(1)(A)(ii	ii).			
4		A medical res	search organiz	ation operated in co	onjunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's nan	ne,
		city, and stat	e:								
5		An organizat	ion operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizat	ion that norma	Ily receives a substa	antial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described ir	۱
				omplete Part II.)							
8		A community	rtrust describe	ed in section 170(b	)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	d in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-g	grant college of agrie	culture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		An organizat	ion that norma	Illy receives: (1) mor	e than 33 1/3% of its sup	oort from a	contributio	ns, members	hip fees, an	d gross receipts f	rom
					ect to certain exceptions,						
		income and u	unrelated busir	ness taxable income	e (less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 197	5.
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizat	ion organized a	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizat	ion organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one o	or
		more publicly	/ supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in	
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated,	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
		organizatio	n. You must c	complete Part IV, S	ections A and B.						
b		<b>Type II.</b> As	supporting org	anization supervise	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ing	
		control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
		organizatio	n(s). You mus	t complete Part IV	, Sections A and C.						
с		Type III fui	nctionally inte	grated. A supportin	ng organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its support	ed organizatio	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		] Type III no	n-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	ation(s)	
		that is not	functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	reness	
		requiremer	nt (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	<b>v</b> .			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	/ integrated, or	r Type III non-functio	onally integrated supportion	ng organiz	ation.				
f	Ente	er the number	of supported of	organizations							
g				n about the support							
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	,	(vi) Amount of of	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instrue	stions
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

### Schedule A (Form 990 or 990-EZ) 2018 HAV A SOLE

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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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3,899.	47,172.	104,710.	8,754.	266,193.	430,728.	
2	Tax revenues levied for the organ-							
	ization'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	3,899.	47,172.	104,710.	8,754.	266,193.	430,728.	
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)						178,120.	
6	Public support. Subtract line 5 from line 4.						252,608.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	3,899.	47,172.	104,710.	8,754.	266,193.	430,728.	
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	<b>Total support.</b> Add lines 7 through 10						430,728.	
		etc. (see instructic	uns)			12		
	First five years. If the Form 990 is for	,	,			501(c)(3)		
	organization, check this box and <b>stop</b>	o here	· · · · · · · · · · · · · · · · · · ·	· · · ·			►X	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2018 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	%	
15	Public support percentage from 2017	Schedule A, Part I	II, line 14			15	%	
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o					
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	)	
	organization meets the "facts-and-circ							
18	Private foundation. If the organizatio		•					
						/=		

Schedule A (Form 990 or 990-EZ) 2018

### Schedule A (Form 990 or 990-EZ) 2018 HAV A SOLE

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publi					<u> </u>	
<b>15</b> Public support percentage for 2018 (I	, (),	,	column (f))		15	%
16 Public support percentage from 2017 Section D. Computation of Invest					16	%
· · · ·			· · · · · · · · · · · · · · · · · · ·		47	0/
17 Investment income percentage for 20		'			17 18	%
<b>18</b> Investment income percentage from 3			on line 14 and lin		· · · · · · · · · · · · · · · · · · ·	~ 17 is not
<b>19a 33 1/3% support tests - 2018.</b> If the more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2017.</b> If the						► 🗆
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
832023 10-11-18						990 or 990-EZ) 2018
		15				,

Yes No

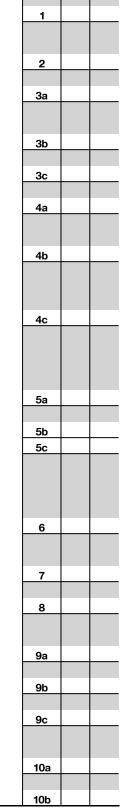
### Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 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.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	-	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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Schedule A (Form 990 or 990-EZ) 2018	HAV	А	SOLE
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in l	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ	)2018 HA	VΑ	SOLE
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Pa	rt V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne 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			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able 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			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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## Schedule A (Form 990 or 990-EZ) 2018 HAV A SOLE

832028 10-11-1	8		20	Schedule A (Form 990 c	r 990-EZ) 2018
	Section D, lines 5, 6, and 8; and Par (See instructions.)	rt V, Section E, lines 2, 5, a	and 6. Also complete this	s part for any additional information.	
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c line 1: Part IV, Section D, lines 2 and	, 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3: Part IV, Section F, line	11a, 11b, and 11c; Part l is 1c, 2a, 2b, 3a, and 3b;	0; Part II, line 17a or 17b; Part III, line IV, Section B, lines 1 and 2; Part IV, S Part V, line 1; Part V, Section B, line	e 12; Section C, 1e; Part V,

## 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

Name of the organi	Employer Identification	
	HAV A SOLE	47-1674980
Organization type	Organization type (check one):	
Filers of:	Section:	

Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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  $e_{xclusively}$  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  $e_{xclusively}$  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 for an  $e_{xclusively}$  religious, charitable, etc.,  $e_{xclusively}$  religious,  $e_{x$ 

**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).

LHA 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

HAV A	SOLE	47	-1674980
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	FINISH LINE YOUTH FOUNDARTION 3308 N MITTHOEFFER RD INDIANOPLOLIS , IN 46235	- \$\$31,635.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	HERBERT SIMON FAMILY FOUNDATION 615 N ALABAMA ST #119 INDIANOPLOLIS , IN 46204	- _ \$ <u>5,435.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	RIKKI MENDIAS 1250 LONG BEACH AVE #111 LOS ANGELES, CA 90021	- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	DOLOTTA FOUNDATION 1205 DEL ORO AVE SANTA BARBARA, CA 93109	- _ \$5,000. -	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	CONTRIBUTIONS LESS THAN \$5,000 1250 LONG BEACH AVE #111 LOS ANGELES, CA 90021	- \$37,368. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	NIKE ORANGE COUNTY	-	Person Payroll Noncash X
	20 CITY BLVD E - SPACE A12	\$\$111,530.	(Complete Part II for noncash contributions.)
	ORANGE, CA 92868		990, 990-EZ, or 990-PF) (2018)

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	rganization		Emplo	yer identification number
HAV A	SOLE		47	-1674980
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
7	FLEET FEET P.O. BOX 1269 CARRBORO, NC 27510	\$14,2	<u>50.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
8	INDIANA PACERS 125 S. PENNSYLVANIA ST. INDIANAPOLIS, IN 46204	\$5,9	<u>75.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990, 990-EZ, or 990-PF) (2018) rganization		Page Employer identification number		
Name or o	ganzation		Employ		
HAV A	SOLE		47-1674980		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
6	SHOES	_			
		\$111,5	<u>30.</u>	12/31/18	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
7	SHOES	_			
		\$14,2	<u>50.</u>	12/31/18	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
8	SHOES	_			
		\$5,9	75.	12/31/18	
(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	
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received	
		_			
		\$			
823453 11-08	3-18	Schedule	B (Form 9	90, 990-EZ, or 990-PF) (2018)	

lame of orga	anization			Employer identification number
IAV A S	V A SOLE			47-1674980
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line entry haritable, etc., contributions of <b>\$1,000 or le</b>	. For organizations	hat total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
-				
-		(e) Transfer of gift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
- -				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gift	I	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
-				
3454 11-08-18	8	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

Department of the Treasury Internal Revenue Service

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.



Nam	e of the organization HAV A SOLE		Employer identification number
Pa		ther Similar Funds	
Iu	organization answered "Yes" on Form 990, Part IV, line 6.		Complete il the
		r advised funds	(b) Funds and other accounts
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 donor advisors in writing that the a		
_	are the organization's property, subject to the organization's exclusive legal co		
6	Did the organization inform all grantees, donors, and donor advisors in writing		
	for charitable purposes and not for the benefit of the donor or donor advisor,		
Pa	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that	_	
	Preservation of land for public use (e.g., recreation or education)		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure included in		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguish	ned, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring,		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of viola	tions, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations	and enforcing conserva	ation easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requ		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in		, , ,
	include, if applicable, the text of the footnote to the organization's financial sta	atements that describes	the organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections of Art, Historic	al Traggurag, or O	thar Similar Accots
гa			the Sillia Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
па	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re		
	historical treasures, or other similar assets held for public exhibition, educatio	n, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report		
	treasures, or other similar assets held for public exhibition, education, or research the second sec	arch in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other s		al gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relations	-	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
I HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018

832051 10-29-18

Sche	dule D (Form 990) 2018 HAV A S							47-16			age <b>2</b>
Par	rt III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	are a sig	nificant u	se of its c	ollection	items	i
	(check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	ms					
b	Scholarly research	e	• 🗌 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								7		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:							
									Amoun	t	
с.	Beginning balance										
a	Additions during the year										
e 4	Distributions during the year										
20	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						LY ?	∟	165		] <b>INO</b>
Par							0.				
		(a) Current year		ior year	(c) Two years			ears back	(e) Fou	vears	hack
1a	Beginning of year balance	(u) ourione you	(2) ! !	ior your		o buon	(4) 11100 )		(0) 1 00	youro	buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g,	column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	ed for th	e organiza	ation	í		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								_3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tu	nas.							
	Complete if the organization answere		) Part IV	line 11a S	Eee Form 990	Part X	line 10				
	Description of property	(a) Cost or c			or other		ccumulate	ad land	(d) Boo	k valu	
	Description of property	basis (investr		.,	(other)	• •	preciation		( <b>u</b> ) 500	r valu	5
1a	Land	· · ·	,		. /						
b	Buildings										
	Leasehold improvements										
d	Equipment				8,500.		3,4	0.		5,1	00.
	Other				6,895.		2,7			4,1	
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. colum	1 (B), line 1						9,2	
		8/1			,			0 - I I - I -			0040

Schedule D (Form 990) 2018

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CREDIT CARD PAYANLE	187.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col (B) line 25)	187.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018 HAV A SOLE		47-1674980 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
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	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	
Part XII Reconciliation of Expenses per Audited Financial	Statements With Exper	ises per Return.
Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
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	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	
Part XIII Supplemental Information.		

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2018 Open to Public Inspection

Name	of the	organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

ΠΖΛ	Δ	SC

Employer identification number
47-1674980

	HAV	Α	SOLE
F	Droport		

Par	t I Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	S
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	Securities - 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						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (SHOES )	X	15	160,441.	FMV		
26	Other  ( )						
27	Other  ( )						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions			
	for which the organization completed Form 828						
	<b>3</b>					Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date		• • • • •				
	exempt purposes for the entire holding period?					30a	X
b	<b>b</b> If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties						
	contributions?		-			32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.			. ,			

832141 10-18-18

16260510 796745 19042

Part II	Suppler	mental	Inforr	nat	ion.	Prov
Schedule M	I (Form 990)	) 2018	HAV	А	SOL	ιE

47 - 1674980Page 2

**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.

832142 10-18-18	Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



HAV A SOLE

47 - 1674980

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIFESTYLES AND PREVENT DISEASE ALL WHILE FOSTERING A SENSE OF

COMMUNINTY ENGAGEMENT.

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

FAMILY FOUNDATION AND FINISH LINE YOUTH FOUNDATION AT CENTER COURT.

THE ORGANIZATION WAS HONORED BY COVENANT HOUSE FOR IT'S CONTINUED

SUPPORT AND MENTORSHIP OF THE HOMELESS YOUTH. FOR THE PAST 5 YEARS, THE

ORGANIZATION HAS POURED ENDLESS LOVE AND SUPPORT INTO THE YOUNG PEOPLE

BY PROVIDING HUNDREDS OF PAIRS OF BRAND NEW SHOES FOR EVERY YOUTH ON

CAMPUS, NOT ONLY AT THE COVENANT HOUSE IN HOLLYWOOD, BUT ALSO OUR SITES

IN OAKLAND, NEW ORLEANS, ORLANDO, FORT LAUDERDALE AND HOUSTON. THEY

HAVE MADE A DEEP IMPACT IN YOUNG PEOPLE'S LIVES ACROSS THE UNITED

STATES. FOR MANY OF OUR YOUTH, THIS MAY BE THE FIRST TIME IN THEIR LIFE

THEY RECEIVE A NEW PAIR OF SHOES. THE YOUTH WERE SO EXCITED ABOUT THEIR

NEW SHOES, THAT THEY ASKED TO START A HIKING GROUP THAT MEETS EACH

SUNDAY. IN ADDITION, A YOUTH SPEARHEADED AN IDEA TO HOST A STAFF VS.

YOUTH BASKETBALL GAME EACH MONTH. IN THE PAST, YOUTH HAVE NOT

PARTICIPATED BECAUSE THEY DIDN'T HAVE BASKETBALL OR TENNIS SHOES. NOW

EVERY SINGLE GAME DAY, YOUTH SPRINT UP THE STAIRS TO THEIR ROOMS TO

GRAB THEIR SNEAKERS!

THE ORGANIZATION HAS BEEN A REPEATED SOURCE OF GREAT JOY AND ENCOURAGEMENT FOR THE COMMUNITY LIVING AT UNION RESCUE MISSION. NOT ONLY HAVE THEY COME MULTIPLE TIMES TO ENRICH OUR SHOE GAME HERE, THEY HAVE ENRICHED THE LOVE, CARE, AND SUPPORT FELT WITHIN THIS COMMUNITY.

SHOES ARE ENNABLINGNOT JUST BECAUSE THEY ARE COMFORTABLE AND NICE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization HAV A SOLE	Employer identification number 47-1674980
LOOKING (AND LET ME TELL YOU, HAV A SOLE ONLY BRINGS THE B	EST OF
SHOES), BUT BECAUSE THEY ARE A CONDUIT FOR RELATIONSHIP AN	D CONNECTION.
THE HAV A SOLE TEAM COMES TO SERVE AND THE EXPERIENCE OF H	AVING SHOES
LACED UP AND PUT ON YOUR FEET FOR YOU IS SUCH AN EMPOWERIN	G EXPERIENCE.
THEY COME AND HANG OUT, LITERALLY ON BENDED KNEE. THEY LAU	GH, CRY,
LISTEN, AND SHARE THEIR OWN STORIES AS THEY WORK WITH EACH	ONE OF OUR
MEN TO INTENTIONALLY SET THEM UP WITH SHOES THAT ARE SO MU	CH MORE THAN
JUST SHOES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DRAFT OF THE FORM 990 WAS CIRCULATED TO THE ORGANIZATI	ON'S BOARD OF
DIRECTORS AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRE	CTORS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND OTHER PERTINENT

DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

832212 10-10-18

#### 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TRANSPORTATION EQUIPMENT														
1	CAR	01/01/17	SL	5.00		16	8,500.				8,500.	1,700.		1,700.	3,400.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						8,500.				8,500.	1,700.		1,700.	3,400.
	OTHER														
2	LAPTOPS	01/01/17	SL	5.00		16	6,895.				6,895.	1,379.		1,379.	2,758.
	* 990 PAGE 10 TOTAL OTHER						6,895.				6,895.	1,379.		1,379.	2,758.
	* GRAND TOTAL 990 PAGE 10 DEPR						15,395.				15,395.	3,079.		3,079.	6,158.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

#### FOR THE YEAR ENDING

December 31, 2018

#### **Prepared For:**

Hav a Sole 1250 Long Beach No. 111 Los Angeles, CA 90021

#### **Prepared By:**

ROSSI LLP 400 Oceangate, Suite 1000 Long Beach, CA 90802

#### To be Signed and Dated By:

Not applicable

#### Amount of Tax:

\$ 10
\$ 0
\$ 0
\$ 0
\$ 10
\$ \$ \$ \$ \$

#### **Overpayment:**

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

#### Make Check Payable To:

Franchise Tax Board

#### Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

Your payment should be made as instructed below on or before May 15, 2019.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

## TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

#### FOR THE YEAR ENDING

December 31, 2018

#### **Prepared For:**

Hav a Sole 1250 Long Beach No. 111 Los Angeles, CA 90021

#### **Prepared By:**

ROSSI LLP 400 Oceangate, Suite 1000 Long Beach, CA 90802

#### Amount of Tax:

Balance due of \$75

#### Make Check Payable To:

Attorney General Registry of Charitable Trusts

#### Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

#### Return Must Be Mailed On Or Before:

May 15, 2019

#### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

# TAXABLE YEARCalifornia Exempt Organization2018Annual Information Return

Form 199 2018 Side 1

201	8 Annual Information Return					199	
Calendar Yea	r 2018 or fiscal year beginning (mm/dd/yyyy)	, and ending (	mm/dd/yyy	y)			
Corporation/O	rganization name		Calif	ornia corpo	pration n	umber	
HAV A			FEI	<u>3713</u>	137		
Additional info	rmation. See instructions.				671	000	
Street address	(suite or room)			<b>47–1</b> PMB no.	0/4	960	
	ONG BEACH, NO. 111						
City			State	ZIP code			
LOS AN	GELES		CA	9002	1		
Foreign countr		e/county		Foreign po		Je	
A First Ret	urn 🔄 Yes 🗴 No	J If exempt under R&TC S	ection 2370	1d, has t	he orga	anization	
B Amende	d Return Yes ∑ No	engaged in political activ					_
C IRC Sect	ion 4947(a)(1) trust Ves 🚺 No	Ŭ					No
D Final Info	prmation Return?	If "Yes," enter the gross r	•				
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized	L If organization is a public					
		Section 23701d and mee	-				
	counting method: (1) $\square$ cash (2) Accrual (3) Other	box. No filing fee is requi					- - -
	eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H ( 990) Other 990 series	<ul> <li>M Is the organization a Lim</li> <li>N Did the organization file I</li> </ul>				• Yes 🕰	
	group filing? See instructions	report taxable income?				• Yes X	
	ganization in a group exemption	<b>0</b> Is the organization under					
	what is the parent's name?	IRS audited in a prior yea					No
,		P Is federal Form 1023/102					_
I Did the d	organization have any changes to its guidelines	Date filed with IRS					
	rted to the FTB? See instructions						
Part I	Complete Part I unless not required to file this form. See General Inf						
	1 Gross sales or receipts from other sources. From Side 2, Part I	I, line 8		•	1	6,99	
	2 Gross dues and assessments from members and affiliates		стмп	•	2	266,19	2 00
Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>This line must be completed. If the result is less than \$50,000, see General.</li> </ul>	d 	STMT	⊥●	3	273,19	
and	4       This line must be completed. If the result is less than \$50,000, see General         5       Cost of goods sold       ST	MT 2 • 5	1 3	97 00	4	275,19	<u>_   00</u>
Revenues	<ul> <li>6 Cost or other basis, and sales expenses of assets sold</li> </ul>	• 6	1,5.				
					7	1,39	7 00
	8 Total gross income. Subtract line 7 from line 4				8	271,79	
_	9 Total expenses and disbursements. From Side 2, Part II, line 18				9	245,01	1 00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract				10	26,78	3 00
	11 Total payments			•	11		00
	12 Use tax. See General Information K			•	12		00
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line				13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11				14	1	00
	15 Filing fee \$10 or \$25. See General Information F				15	1	
					16	1	00 00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract li Under penalties of perjury, I declare that I have examined this return, including acc it is true, correct, and complete. Declaration of preparer (other than taxpayer) is bar	ne 11 from the result	nts, and to the	best of my	1/ / knowle	dge and belief,	0100
Sign	It is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba			knowledge.		● Telephone	
Here	Signature of officer	Title EXECUTIVE DIF				● Telephone	
		Date	Check	f		● PTIN	
	Preparer's signature			ployed 🏲		P01241476	
Paid	Firm's name		•			Firm's FEIN	
Preparer's	(or yours,					95-4091474	
Use Only	employed) 400 OCEANGATE, SUITE 1000					Telephone	
	LONG BEACH, CA 90802					562-495-332	5
	May the FTB discuss this return with the preparer shown above? See	instructions		• X	Yes	No	

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3651184

#### HAV A SOLE

# Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

	1 Gross sales or receipts from all	business activities. See instruct	tions	•	1	6,948	
	2 Interest			•	2	50	00
					3		00
Receip	pts 4 Gross rents			•	4		00
from	5 Gross royalties			•	5		00
Other		le of assets (See Instructions)		•	6		00
Source					7		00
	8 Total gross sales or receipts fro	om other sources. Add line 1 thr	ough line 7. Enter here and o	n Side 1, Part I, line 1	8	6,998	00
	9 Contributions, gifts, grants, and	similar amounts paid		•	9		00
	10 Disbursements to or for member	ers		•	10		00
	11 Compensation of officers, direct	tors, and trustees	SEE STA	TEMENT 4 •	11	15,089	00
	12 Other salaries and wages			•	12		00
Expens					13		00
and	14 Taxes				14		00
Disbur					15	29,583	
ments	16 Depreciation and depletion (See	e instructions)		•	16	3,079	
	17 Other Expenses and Disbursem	ents	SEE STA	TEMENT 5 •	17	197,260	
	18 Total expenses and disburseme	nts. Add line 9 through line 17.	Enter here and on Side 1, Pa	rt I, line 9	18	245,011	00
Sche	edule L Balance Sheet	Beginning of t	axable year	End o	ftaxable	year	
Assets	S	(a)	(b)	(C)		(d)	
<b>1</b> Ca	ash		46,295		•	41,0	15
<b>2</b> Ne	et accounts receivable				•		
	et notes receivable				•		
	ventories				•	205,5	19
	ederal and state government obligations				•		
<b>6</b> In	vestments in other bonds				•		
	vestments in stock				•		
	lortgage loans				•		
<b>9</b> Ot	ther investments				•		
10 a	Depreciable assets	12,200		15,39			
b	Less accumulated depreciation	( )	12,200	( 6,158	; )	9,2	37
<b>11</b> La					•		
<b>12</b> 01	ther assets				•		50
	otal assets		58,495			256,2	21
	ities and net worth						
<b>14</b> Ad	ccounts payable				•		
	ontributions, gifts, or grants payable				•		
	onds and notes payable				•		
17 M	lortgages payable				•		
<b>18</b> Ot	ther liabilities <b>STMT</b> 6		2,637			1	87
	apital stock or principal fund				•		
<b>20</b> Pa	aid-in or capital surplus. Attach reconciliation				•		
<b>21</b> Re	etained earnings or income fund		55,858		•	256,0	34
<u>22 To</u>	otal liabilities and net worth		58,495			256,2	21
Sche	edule M-1 Reconciliation of income	per books with income per ret	urn				
	· · · · · · · · · · · · · · · · · · ·	edule if the amount on Schedule					
	et income per books		783 7 Income recorded	on books this year			
	ederal income tax		not included in th	is return	🕒		
	xcess of capital losses over capital gains		8 Deductions in this	-			
<b>4</b> In	ncome not recorded on books this year $\dots$			me this year	🕒		
5 E>	xpenses recorded on books this year not		9 Total. Add line 7	and line 8			
de	educted in this return	•	10 Net income per re	eturn.			

6 Total. Add line 1 through line 5

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3652184

Subtract line 9 from line 6

26,783

26,783

HAV A SOLE

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
FINISH LINE YOUTH FOUNDARTION	3308 N MITTHOEFFER RD INDIANOPLOLIS , IN 46235	12/31/18	31,635.		
HERBERT SIMON FAMILY FOUNDATION	615 N ALABAMA ST #119 INDIANOPLOLIS , IN 46204	12/31/18	55,435.		
RIKKI MENDIAS	1250 LONG BEACH AVE #111 LOS ANGELES, CA 90021	12/31/18	5,000.		
DOLOTTA FOUNDATION	1205 DEL ORO AVE SANTA BARBARA, CA 93109	12/31/18	5,000.		
CONTRIBUTIONS LESS THAN \$5,000	1250 LONG BEACH AVE #111 LOS ANGELES, CA 90021	12/31/18	37,368.		
TOTAL INCLUDED ON LINE 3			134,438.		

FOR	м 199		C OF GOODS SOLD O ON PART I, LINE 5		STATEMENT 2
COS	T OF GOODS SOLD				
1.	INVENTORY AT BEGINNING	G OF YEAR	•••••		
2. 3. 4. 5. 6.	MERCHANDISE PURCHASED. COST OF LABOR MATERIALS AND SUPPLIES OTHER COSTS ADD LINES 1 THROUGH 5	5	· · · · · · · · · · · · · · · ·	1,397	1,397
7.	INVENTORY AT END OF Y	EAR			
8.	COST OF GOODS SOLD (L	INE 6 LESS	S LINE 7)		1,397

CA 199	NONCASH CONTRIBUT	STATEMENT 3	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
NIKE ORANGE COUNTY	20 CITY BLVD E	E - SPACE A12 OR	ANGE, CA 92868
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
SHOES	12/31/18	111,530.	111,530.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
FLEET FEET	P.O. BOX 1269	CARRBORO, NC 275	510
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
SHOES	12/31/18	14,250.	14,250.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
INDIANA PACERS	125 S. PENNSYI 46204	LVANIA ST. INDIAN	NAPOLIS, IN
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
SHOES	12/31/18	5,975.	5,975.

TOTAL INCLUDED ON LINE 3

131,755.

CA 199 COM	PENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DANA MASON 1250 LONG BEACH, LOS ANGELES, CA		TREASURER 5.00	0.
JENNY JACKSON 1250 LONG BEACH, LOS ANGELES, CA		SECRETARY 1.00	0.
RIKKI MENDIAS 1250 LONG BEACH, LOS ANGELES, CA		EXECUTIVE DIRECOR 50.00	15,089.
ERIC WEINBERGER 1250 LONG BEACH, LOS ANGELES, CA		CO CHAIR 1.00	0.
CATHI CARLTON 1250 LONG BEACH, LOS ANGELES, CA		CHAIR PERSON 1.00	0.
GREGORY BUTLER 1250 LONG BEACH, LOS ANGELES, CA		BOARD MEMBER 1.00	0.
ED BARNETT 1250 LONG BEACH, LOS ANGELES, CA		BOARD MEMBER 1.00	0.
BRENNAN DECKER 1250 LONG BEACH, LOS ANGELES, CA		BOARD MEMBER 1.00	0.
DAMEON PENLAND 1250 LONG BEACH, LOS ANGELES, CA		BOARD MEMBER 1.00	0.
TOTAL TO FORM 19	9, PART II, LINE 11		15,089.

CA 199	OTHER EXPENSES	STATEMENT 5

DESCRIPTION	AMOUNT
PROGRAM SUPPLIES	137,729.
CAPACITY BUILDING	13,725.
AUTO EXPENSE	5,313.
MEALS	3,851.
LEGAL FEES	698.
ACCOUNTING FEES	4,384.
OTHER PROFESSIONAL FEES	14,238.
ADVERTISING AND PROMOTION	1,228.
OFFICE EXPENSES	1,425.
INFORMATION TECHNOLOGY	1,838.
TRAVEL	3,411.
INSURANCE	5,482.
ALL OTHER EXPENSES	3,938.
TOTAL TO FORM 199, PART II, LINE 17	197,260.

CA 199 OTHER LIABILITIES			STATEMENT 6	
DESCRIPTION		BEG. OF YEAR	END OF YEAR	
CREDIT CARD PAYANLE		2,637.	187.	
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	2,637.	187.	

CA 199 FUND BAI	LANCES	STATEMENT 7	
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	55,858.	256,034.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	55,858.	256,034.	

TAXABLE YEAR 2018Corporation Depreciation and AmortizationCALIFO 3	885	
Attach to Form 100 or Form 100W. FORM 199 FEIN 47-1	674980	
Corporation name California corpora		
HAV A SOLE 37131	37	
Part I Election To Expense Certain Property Under IRC Section 179		
1 Maximum deduction under IRC Section 179 for California	\$25,000	
2 Total cost of IRC Section 179 property placed in service		
3 Threshold cost of IRC Section 179 property before reduction in limitation 3	\$200,000	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-		
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)		
7 Listed property (elected IRC Section 179 cost)       7         8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10       Carryover of disallowed deduction from prior taxable years		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5       11		
12       IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		
13 Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12		
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356		
	(h)	
Description property Date acquired Cost or Depreciation allowed or Depreciation Life or Depreciation	Additional first year	
	depreciation	
14 1 CAR		
01/01/17 8,500 1,700SL 5.00 1,70	0	
2 LAPTOPS		
01/01/17 6,895 1,379SL 5.00 1,37	9	
	_	
TOTALS 15,395 3,079		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.       15         See instructions for line 14, column (h)       3,07	a	
See instructions for line 14, column (h) 15 5, 07 Part III Summary		
16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or		
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	3,079	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	3,079	
<b>18</b> Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.		
If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation	•	
amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18	0	
Part IV Amortization	(a)	
	<b>(g)</b> Amortization for this year	
19		
20 Total. Add the amounts in column (g)		
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21		
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,       Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12       22		

# Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN,
	CA SOS file number and "2018 FTB 3586" on the check or money
	order. Detach voucher below. Enclose, but <b>do not</b> staple, payment
	with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857
	SACRAMENTO CA 94257-0531
Make all checks or mone institution.	y orders payable in U.S. dollars and drawn against a U.S. financial

WHEN TO FILE:	Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.	
	S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.	
	Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.	
When the due date falls	s on a weekend or holiday, the deadline to file and pay	
without penalty is exter	nded to the next business day.	
	-	

<b>ONLINE SERVICES:</b>	Corporations can make payments online using Web Pay for
	Businesses. Corporations can make an immediate payment or
	schedule payments up to a year in advance. Go to ftb.ca.gov/pay
	for more information.

839035 12-12-18

DETACH HERE       IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER         CAUTION: You may be required to pay electronically, see instructions.         TAXABLE YEAR       Payment Voucher for Corporations and Exempt         2018       Organizations e-filed Returns				DETACH HERE CALIFORNIA FORM 3586 (e-file)		
3713137 HAVA 47-16 TYB 01-01-2018 TYE 12 HAV A SOLE		18	FORM	3		
1250 LONG BEACH NO 111 LOS ANGELES CA 90	0021					
(310) 743-2493	Amount	of Payment		10.		

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<u>TAXABL</u> 20			fornia e-file I mpt Organiza		orizatio	n for			FORM 8453-EC
Exempt Org	ganization na	ame						Identify	ing number
HAV 2	A SOL	Έ						47-	1674980
Part I	Electro	onic Return Ir	nformation (whole dolla	ars only)					
1 Tot	al gross r	receipts (Form	n 199, line 4)					1	273,191
<b>2</b> Tot	al gross i	ncome (Form						-	271,794
<b>3</b> Tot	al expens	ses and disbu	rsements (Form 199, lin	ie 9)				3	245,011
Part II	Settle `	Your Accoun	t Electronically for Tax	able Year 2018					
4	Electro	nic funds with	ndrawal <b>4a</b> Amour	nt	4	<b>b</b> Withdrawal	date (mm/dd/	уууу)	
Part III	Bankin	g Information	n (Have you verified the	exempt organization	n's banking info	rmation?)			
5 Rout	ting num	ber						_	_
6 Acco	ount num	lber			<b>7</b> Туре	e of account:	Checkin	g 🗋	Savings
		ation of Offic							
I authoriz on line 4a		npt organization	n's account to be settled as	designated in Part II. I	I check Part II, E	Box 4, I authorize	an electronic f	unds wit	hdrawal for the amount listed
transmitte California a balance organizati statement	er, or inter electronic due returr ion will rer ts be trans	mediate service c return. To the n, I understand main liable for tl mitted to the FT	e that I am an officer of the provider and the amounts best of my knowledge and that if the Franchise Tax B he fee liability and all appli TB by the ERO, transmitter sclose to the ERO or intern	in Part I above agree we belief, the exempt orgation oard (FTB) does not rec cable interest and pena , or intermediate servic	vith the amounts nization's return eive full and time ties. I authorize t e provider. <b>If the</b>	on the correspon is true, correct, a ly payment of th he exempt organ <b>processing of th</b>	nding lines of th Ind complete. If e exempt organ ization return a	e exemp the exer ization's nd accor	t organization's 2018 npt organization is filing fee liability, the exempt npanying schedules and
Sign Here	Sign	nature of officer		Date	EXEC	UTIVE DI	RECTOR		
nere	eigi			2010					
Part V			tronic Return Originate						
am only a accurately provided 1345, 20 the exemp I declare	in intermed y reflects ti the organiz 18 Handbo pt organizz that I have	diate service pro he data on the r zation officer w ook for Authoriz ation return is fi e examined the a	ovider, I understand that I return.) I have obtained the ith a copy of all forms and ed e-file Providers. I will ke iled, whichever is later, and	am not responsible for e organization officer's s information that I will f eep form FTB 8453-EO I I will make a copy ava 's return and accompar	reviewing the exe ignature on form ile with the FTB, a on file for <b>four</b> ye ilable to the FTB i ying schedules a	mpt organization FTB 8453-EO be and I have follow ears from the due upon request. If nd statements, a	n's return. I dec efore transmitti ed all other req e date of the ret am also the pa	lare, how ng this re uirement urn or <b>fo</b> id prepa	s described in FTB Pub.
ERO	ERO's- signature				Date	Check if also paid preparer	X Chec if self empl		ERO'S PTIN
Must	Firm's nam		ROSSI LLP			•		FEIN	95-4091474
Sign	if self-empl and addres		400 OCEANGA	TE, SUITE	1000				
			LONG BEACH,	CA				ZIP co	ode 90802
			e that I have examined the nd complete. I make this de					ts, and to	o the best of my knowledge
Paid	Paid	barer's				ate	Check	_  '	Paid preparer's PTIN
Prepa	rer sign	ature	<b>`</b>				employed	-	
Must	if se	's name (or yours If-employed)	• — — — — — — — — — — — — — — — — — — —					FEIN	
Sign	and	address	F					ZIP co	ode
For Priv	acy Notio	ce. aet FTB 1	131 ENG/SP.						FTB 8453-EO 2018

For Privacy Notice, get FTB 1131 ENG/SP.

829021 11-13-18

MAIL TO: **Registry of Charitable Trusts** P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

#### ANNUAL **REGISTRATION RENEWAL FEE REPORT** TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0220180	Check if:		•			
	Change of address					
HAV A SOLE Name of Organization	Amended report					
1250       LONG       BEACH, NO. 111         Address (Number and Street)	Corporate	or Organization No.	3713137			
LOS ANGELES, CA 90021 City or Town, State and ZIP Code	Federal En	nployer I.D. No	47-1674980			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal.	Code Regs	. sections 301-307	7, 311, and 312)			
Make Check Payable to Attorney General's R		haritable Trusts	· · · · ·			
Gross Receipts Fee Gross Annual Revenue	Fee	Gross Annual R	evenue	Fee		
Less than \$25,000         0         Between \$100,001 and \$250,000           Between \$25,000 and \$100,000         \$25         Between \$250,001 and \$1 million				\$1: \$2: \$30	25	
PART A - ACTIVITIES		•				
For your most recent full accounting period (beginning 01/01/20 Gross annual revenue \$271,794 Total assets \$	<u>18</u> end	ing <u>12/31/</u> 256,221	2018 ) list:			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you must attach a se		je providing an ex	planation and details f	or eacl	h	
"yes" response. Please review RRF-1 instructions for information required.					No	
<ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> </ol>						
<ol> <li>During this reporting period, were there any theft, embezzlement, diversion or or funds?</li> </ol>	misuse of th	e organization's ch	naritable property		X X	
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue?	)			x	
4. During this reporting period, were any organization funds used to pay any pen- with the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you fil	ed a Form 4720		x	
<ol> <li>During this reporting period, were the services of a commercial fundraiser or full If "yes," provide an attachment listing the name, address, and telephone number</li> </ol>	•		e purposes used?		x	
<ol> <li>During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number.</li> </ol>	nding? If so,	provide an attachr	nent listing the		x	
<ol> <li>During this reporting period, did the organization hold a raffle for charitable pu the number of raffles and the date(s) they occurred.</li> </ol>	rposes? If "y	/es," provide an att	achment indicating		x	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					x	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						
Organization's area code and telephone number $310 - 743 - 2493$						
Organization's e-mail address						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.						
RIKKI MENDIAS	E	XECUTIVE	DIRECTOR			
Signature of authorized officer Printed Name	Tř	tle	Date			
829291 04-01-18			RRF	-1 (08/	(2017)	