Form	887	'9-	EO)
Form	001	3-	EU	

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury	
Internal Revenue Service	

JOIN

For calendar year 2018, or fiscal year beginning ______, 2018, and ending ______

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

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

2018

Name of exempt organization

Employer identification number

93-1090005

, 20

Part I	Type of Return and Return Information	(Whole Dollars Only)
DEPUT	Y DIRECTOR	
WILL	HARRIS	
Name and t	itle of officer	

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 X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	13,187,193.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here 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

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 MCDONALD JACOBS, P.C.	to enter my PIN 93109
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. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at 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 organization's tax year 2018 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chapter program, I will enter my PIN on the return's disclosure consent screen.	,
Officer's signature Date 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. Do not enter all zero	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	5
ERO's signature MCDONALD JACOBS, P.C. Date Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)

823051 10-26-18

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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

Do not enter social security numbers on this form as it may be made public.

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



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Doing business as 93-1090005 Within With	Address		JOIN					
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PO BOX 16490 503-232-7052 City or twom, state or province, country, and ZIP or foreign postal code G Gross mesops 5 13,218,651. PORTLAND, OR 97292 H(a) Is this a group return for subordinates? Yes No Port LAND, OR 97292 H(a) Is this a group return for subordinates? Yes No It are exempt status: IS 501(c)(1) (inset no.) 4947(a)(1) or E27 H(a) Is this around return J Website: WWW.JOINPDX.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L year of romation: 1992 M State of legal domicite: OR Part I Summary 1 Briefly describe the organization is continued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 4 7 2 Check this box ▶ If the organization discontinued to independent voting members of the governing body (Part V, line 2a) 5 5 5 3 Number of independent voting members of the governing body (Part V, line 2a) 5 5		Initial		Room/suite				
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8 Contributions and grants (Part VIII, line 1h) 6,557,547. 13,161,571. 9 Program service revenue (Part VIII, line 2g) 9,006. 10,219. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,373. 11,829. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,574,033. 13,187,193. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,574,033. 13,187,193. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 3,213,864. 3,991,132. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 1,791,784. 2,234,566. 16a Professional fundraising expenses (Part IX, column (D), line 25) 185,413. 1,079,440. 1,483,564. 17 Other expenses. Clart IX, column (A), line 112. 6,085,088. 7,709,262. 19 19 Revenue less expenses. Subtract line 18 from line 12. 488,945. 5,477,931. 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Pa				<u></u>				
9 Program service revenue (Part VIII, column (A), line 3, 4, and 7d) 9,006.10,219. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,373.11,829. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,574,033.13,187,193. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,574,033.13,187,193. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,213,864.3,991,132. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,791,784.2,234,566. 16a Professional fundraising expenses (Part IX, column (D), line 25) 185,413. 17 Other expenses (Part IX, column (A), line 11e) 0.0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,079,440.1,483,564. 19 Revenue less expenses. Subtract line 18 from line 12 488,945.5,477,931. 20 Total assets (Part X, line 16) 2,297,463.7,652,266. 21 Total liabilities (Part X, line 26) 288,526.165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937.7,7,486,868. <		8	Contributions and grants (Part VIII line 1h)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 107. 3, 374. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6, 574, 033. 13, 187, 193. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3, 213, 864. 3, 991, 132. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 791, 784. 2, 234, 566. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 185, 413. 1, 079, 440. 1, 483, 564. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 079, 440. 1, 483, 564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6, 085, 088. 7, 709, 262. 19 Revenue less expenses. Subtract line 18 from line 12 488, 945. 5, 477, 931. 20 Total assets (Part X, line 16) 2, 297, 463. 7, 652, 266. 21 Total liabilities (Part X, line 26) 288, 526. 165, 398.	anu					<u> </u>		
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,791,784.2,234,566. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) 185,413. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,079,440.1,483,564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,085,088.7,709,262. 19 Revenue less expenses. Subtract line 18 from line 12 488,945.5,477,931. 20 Total assets (Part X, line 16) 2,297,463.7,652,266. 21 Total liabilities (Part X, line 26) 288,526.165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937.7,7,486,868.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,213,864.	3,991,132.		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 185, 413. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,079,440. 1,483,564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,085,088. 7,709,262. 19 Revenue less expenses. Subtract line 18 from line 12 488,945. 5,477,931. 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.					÷ .			
17 Other expenses (Part X, Column (A), lines 112 Hd, H1246) 17,075,1101 17,105,3011 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,085,088. 7,709,262. 19 Revenue less expenses. Subtract line 18 from line 12 488,945. 5,477,931. 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,791,784.	2,234,566.		
17 Other expenses (Part X, Column (A), lines 114 Hd, Hh246) 17,075,1403 17,105,3044 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,085,088. 7,709,262. 19 Revenue less expenses. Subtract line 18 from line 12 488,945. 5,477,931. 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
17 Other expenses (Part X, Column (A), lines 114 Hd, Hh246) 17,075,1403 17,105,3044 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,085,088. 7,709,262. 19 Revenue less expenses. Subtract line 18 from line 12 488,945. 5,477,931. 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.	<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	13.				
19 Revenue less expenses. Subtract line 18 from line 12 488,945. 5,477,931. 5 8 945. 5,477,931. 8 945. 5,477,931. 9 8 945. 5,477,931. 9 9 7,652,266. 21 Total labilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					
20 Total assets (Part X, line 16) 2,297,463. 7,652,266. 21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.			Revenue less expenses. Subtract line 18 from line 12			5,477,931.		
Image: Series 20 Total assets (Part X, line 16) 2,297,463. 7,652,266. Image: Series 21 Total liabilities (Part X, line 26) 288,526. 165,398. Image: Series 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.	s or			Be				
21 Total liabilities (Part X, line 26) 288,526. 165,398. 22 Net assets or fund balances. Subtract line 21 from line 20 2,008,937. 7,486,868.	sset	20						
Ž∃ 22 Net assets or fund balances. Subtract line 21 from line 20 2, UU8, 937. 7, 486, 868.	et As	21						
	ž=	22			2,008,937.	7,486,868.		

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	WILL HARRIS, DEPUTY DI	RECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	SANG AHN			ri self-employed P00540880				
Preparer	Firm's name MCDONALD JACOBS ,	P.C.		Firm's EIN 93-0900579				
Use Only	Firm's address 🖕 520 SW YAMHILL S	T., STE 500						
	PORTLAND, OR 972	04		Phone no. (503) 227-0581				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	332001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

Form	990 (2018) JOIN 93-1090005 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: JOIN SUPPORTS THE EFFORTS OF HOMELESS INDIVIDUALS AND FAMILIES TO TRANSITION OUT OF HOMELESSNESS INTO PERMANENT HOUSING AND SUPPORTS HOUSING STABILIZATION BY PROVIDING CRITICAL SUPPORTIVE SERVICES AFTER
	TRANSITION FROM HOMELESSNESS.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,022,620. including grants of \$ 2,346,302.) (Revenue \$ OUTREACH & ENGAGEMENT: 2,346,302.) (Revenue \$
	ENGAGED 1,462 HOMELESS MEN WOMEN AND CHILDREN ON THE STREETS OF MULTNOMAH COUNTY. 356 HOMELESS HOUSEHOLDS PLACED IN HOUSING.
4b	(Code:) (Expenses \$ 2,659,020. including grants of \$ 1,572,264.) (Revenue \$ HOUSING RETENTION:
	MADE 10,652 HOME VISITS TO NEW TENANTS, 83% 12-MONTH SUCCESSFUL HOUSING RETENTION RATE. ADDITIONALLY, PROVIDED 119 HOUSEHOLDS WITH DIRECT EVICTION PREVENT SUPPORT.
4c	(Code:) (Expenses \$136,360. including grants of \$72,566.) (Revenue \$10,219. IMMERSION PROGRAM:
	PROVISION OF EXPERIENTIAL/SERVICE LEARNING OPPORTUNITIES: 253 PEOPLE IN 23 DIFFERENT YOUTH GROUPS PARTICIPATED IN JOIN'S SYMBOLIC HOMELESS EDUCATIONAL EXPERIENCE.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 19,772. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,837,772.
832002	Form 990 (2018 12-31-18 2

Par	t IV Checklist of Required Schedules			
			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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	Х	
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,			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			1
	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
832003	12-31-18	Form	990	(2018)

Form 990 (2018)

JOIN

	990 (2018) JOIN	93-1	L090005	Р	age 4
Par	t IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the org	anization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? // "Ye	es," complete			
	Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	n \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24b	d and complete			
	Schedule K. If "No," go to line 25a				X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	•			
	any tax-exempt bonds?		<u>24c</u>		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year	?	<u>24d</u>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	f "Yes," complete			
	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 a				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified p	ersons? If "Yes,"			
	complete Schedule L, Part II		<u>26</u>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity o				
	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	e 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				X
	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				X
С	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV				X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul		29		X
30	5				
	contributions? If "Yes," complete Schedule M		<u>30</u>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	complete			
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu				v
	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, Par			v	
6 7	Part V, line 1			X	
			<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab				x
~-	If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organized by the second sec				x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1			х	1
Par	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance		38	л	L
	Check if Schedule O contains a response or note to any line in this Part V				
				V	
4 -	Enter the number reported in Day 2 of Form 1006. Enter 0, if not analisable	10	3	Yes	No
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0		
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
C			10		
832004	(gambling) winnings to prize winners?			990	(2018)
002002			1011		()

Form	<u>990 (2018)</u> JOIN 93-1090	005	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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		X
b	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		
6a	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).	-		v
a	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
	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	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	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 7g		
g L				
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a h		9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a 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:			
'' a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

	1 990 (2018) JOIN				1090		P	ag
Par	rt VI Governance, Management, and Disclosure For each "Yes" response				nd for a "	No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes ir							_
	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>			
Sec	tion A. Governing Body and Management							т
					-		Yes	+
1a	Enter the number of voting members of the governing body at the end of the tax year		<u>1a</u>		7			
	If there are material differences in voting rights among members of the governing body, or if the go							L
	body delegated broad authority to an executive committee or similar committee, explain in Schedul				_			
b	Enter the number of voting members included in line 1a, above, who are independent				7			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines	ss relationship	with a	ny other				ł
	officer, director, trustee, or key employee?					2		╀
3	Did the organization delegate control over management duties customarily performed b							
	of officers, directors, or trustees, or key employees to a management company or other				ſ	3		╀
4	Did the organization make any significant changes to its governing documents since the				r	4		ļ
5	Did the organization become aware during the year of a significant diversion of the orga	inization's ass	ets?			5		ļ
6	Did the organization have members or stockholders?					6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power	to elect or ap	point c	one or				
	more members of the governing body?					7a		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by							
	persons other than the governing body?					7b		ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during the yea	r by the	following:				l
а	The governing body?					8a	Х	
b	Each committee with authority to act on behalf of the governing body?					8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who	cannot be read	ched at	the				l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule	0				9		
Sec	tion B. Policies (This Section B requests information about policies not required by t	he Internal Rev	venue	Code.)				
				,			Yes	
10a	Did the organization have local chapters, branches, or affiliates?					10a		
	If "Yes," did the organization have written policies and procedures governing the activit							I
	and branches to ensure their operations are consistent with the organization's exempt	•				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its g	-				11a		Ī
b	Describe in Schedule O the process, if any, used by the organization to review this Forn	n 990.		-				I
						12a	Х	I
b						12b	Х	1
с		-						1
	in Schedule O how this was done		,			12c		
13	Did the organization have a written whistleblower policy?					13	Х	1
14	Did the organization have a written document retention and destruction policy?				r	14	Х	1
15	Did the process for determining compensation of the following persons include a review							t
	persons, comparability data, and contemporaneous substantiation of the deliberation a		i by inc	opendent				l
а						15a	Х	Î
						15b	X	t
b	, , , , , , , , , , , , , , , , , , , ,					150	- 21	ł
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			the				l
108	Did the organization invest in, contribute assets to, or participate in a joint venture or sin	-				40-		ł
	taxable entity during the year?					16a		ł
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		•	•				l
	in joint venture arrangements under applicable federal tax law, and take steps to safegu	0						ł
200	exempt status with respect to such arrangements?		<u></u>			16b		1
	tion C. Disclosure							_
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR			- /				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applic	able), 990, and	d 990-	I (Section 5	01(c)(3)s	only) a	availal	0
	for public inspection. Indicate how you made these available. Check all that apply.							
		Other <i>(explain</i>		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing do	ocuments, con	flict of	interest pol	icy, and f	inanc	ial	
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the orga	nization's boo	ks and	records	▶			_
	WILL HARRIS - 503-232-7052	00010						_
	1435 NE 81ST AVE., SUITE 100, PORTLAND, OR	97213					000	_
32006	6 12-31-18					Form	990	(
	6							
L 0 8	306 781409 4974 2018.04010 J(DIN					49	1

Form 990 (2018) JOIN	93-1090005	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	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		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar vear ending w	ith or within the organization'	s tax vear.

ye • 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 report-able 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. Т

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation compensation	
	week		cer ar I	nd a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		vold	t con	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRIS BONNER	2.00		-		-					
PRESIDENT	0.50	х		х				0.	0.	0.
(2) MARGARET BRYANT	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) ANNA PLUMB	2.00									
SECRETARY	0.50	Х		Х				0.	0.	0.
(4) NATHAN BEATTY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) AARON NAWROCKI	2.50									
BOARD MEMBER		Х						0.	0.	0.
(6) FINEKE BRASSER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) EVELYN LIU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SARA WESTBROOK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PAULETTE WITTWER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN KAUFMAN	1.00									
BOARD MEMBER	0.50	Х						0.	0.	0.
(11) ANDREA DUBIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TYRONE HARVEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) WILL HARRIS	40.00									
DEPUTY DIRECTOR	0.50			Х				64,182.	0.	18,905.
(14) SHANNON SINGLETON	40.00									
EXECUTIVE DIRECTOR	0.50			X				85,741.	0.	13,324.
			-		-	-				
	1	I	L	I	1	L		1		

Form 990 (2018) JOIN 93-1090005										Pa	age 8			
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any			Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					(E) Reportable compensatio from related organization	on d	ar	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org an	om the anizat d relate	e ion ed
									140.000				<u> </u>	
	Sub-total Total from continuation sheets to Part VI								149,923.		0.	3	2,2	<u>29.</u> 0.
	Total (add lines 1b and 1c)								149,923.		0.	3	2,2	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	3			
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	-			-	•			•			•	163	
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su											3		X
F	and related organizations greater than \$150	,										4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>											5		Х
Sec	tion B. Independent Contractors						•							
1	Complete this table for your five highest con the organization. Report compensation for t										pensat	tion fro	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С)) eqmo	;) nsatio	n
					_									
2	Total number of independent contractors (ir	•	ot lin	nited	d to t	thos (ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					<u> </u>	,					Form	990 (2	2018)

t VII						93-109	
	Check if Schedule O conta	ains a response	<u>or note to any l</u> ine	e in this Part VIII	<u></u>	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns	1a					
	Membership dues						
с	Fundraising events		74,055.				
	Related organizations						
	Government grants (contributi		6,999,464.				
	All other contributions, gifts, grant						
	similar amounts not included abov		6,088,052.				
q	Noncash contributions included in lines 1						
	Total. Add lines 1a-1f			13,161,571.			
			Business Code				
2 a	IMMERSION		900099	10,219.	10,219.		
b					,		
c							-
d							
e							
f	All other program service reve	ามค					
	Total. Add lines 2a-2f		-	10,219.			
3	Investment income (including			,			
•	other similar amounts)			12,189.			12,1
4	Income from investment of tax			,			<u> </u>
5	Royalties		· F				-
5	noyanies	(i) Real	(ii) Personal				
6 a	Gross rents	277.					
	Gross rents	0.					
	Rental income or (loss)	277.					
				277.			2
		(1) Coordination		211.			2
7 a	Gross amount from sales of	(i) Securities	(ii) Other 450.				
	assets other than inventory		430.				
D	Less: cost or other basis		810.				
	and sales expenses		-360.				
	Gain or (loss)			-360.			- 3
	Net gain or (loss)			500.			
8 a	Gross income from fundraising including \$74,						
	contributions reported on line	,	31,293.				
L	Part IV, line 18						
	Less: direct expenses			645.			6
	Net income or (loss) from fund	-	▶	045.			
9 a	Gross income from gaming ac						
L	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gam	•	▶				
iu a	Gross sales of inventory, less i						
	and allowances						
	Less: cost of goods sold						
С	Net income or (loss) from sales						
	Miscellaneous Revenue	9	Business Code	0.650			
	MISCELLANEOUS REVENUE		900099	2,652.			2,6
b							
С							
				-			
е	Total. Add lines 11a-11d			2,652. 13,187,193.			
					10,219.	A	. 15,4

0000	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons	(his Part IX (B)	(C)	<u>A</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGS	general expenses	схрензез
	-				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,991,132.	3,991,132.		
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,				
5	-	182,152.	122,448.	47,570.	12,134.
•	trustees, and key employees	102,152.	122,110.	<u> </u>	12,134.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,594,863.	1,072,114.	416,505.	106,244.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	294,758.	198,145.	76,977.	19,636.
10	Payroll taxes	162,793.	109,434.	42,514.	10,845.
		102//001	100/1010	12,3110	10,0130
11	Fees for services (non-employees):				
	Management				
	Legal				
С	Accounting	22,490.	22,338.	118.	34.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
α	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	1,057,530.	1,050,389.	5,533.	1,608.
12					
	Advertising and promotion	133,010.	38,668.	67,891.	26,451.
13	Office expenses	133,010.		07,091.	20,431.
14	Information technology				
15	Royalties	400.007	115 100	10.001	
16	Occupancy	133,807.	117,120.	12,931.	3,756.
17	Travel	66,960.	66,960.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	992.	644.	278.	70.
20 21	Payments to affiliates				
		21,284.	14,545.	5,178.	1,561.
22	Depreciation, depletion, and amortization	22,329.	15,088.	5,611.	1,630.
23	Insurance	44,343.	10,000.	5,011.	I,030.
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.) BOARD AND STAFF DEVELOP	25,162.	18,747.	4,971.	1,444.
а	BOARD AND STAFF DEVELOP	23,102.	10,/4/.	4,9/1.	1,444.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,709,262.	6,837,772.	686,077.	185,413.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				
-					Earm 990 (2019)

Form **990** (2018)

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Form 990 (2018) Part IX Statement of Functional Expenses

JOIN

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	JOIN	
neet		

Part X	2018) JOIN Balance Sheet					1090005 _{Page} 1
	Check if Schedule O contains a response or	note to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			789,175.	1	919,529
2	Savings and temporary cash investments		2	5,096,071		
3	Pledges and grants receivable, net	134,161.	3	127,444		
4	Accounts receivable, net			1,053,988.	4	1,168,308
5	Loans and other receivables from current an					
	trustees, key employees, and highest compe Part II of Schedule L		5			
6	Loans and other receivables from other disg					
	section 4958(f)(1)), persons described in sec	•	·			
	employers and sponsoring organizations of s					
ر م	employees' beneficiary organizations (see in		6			
Assets	Notes and loans receivable, net		7			
A A	Inventories for sale or use				8	
9	_			20,573.	9	8,323
	Land, buildings, and equipment: cost or othe	1 1		•	_	•
	basis. Complete Part VI of Schedule D		442,638.			
Ь	Less: accumulated depreciation		110,047.	299,566.	10c	332,591
11	Investments - publicly traded securities		11	•		
12	Investments - other securities. See Part IV, li				12	
13	Investments - program-related. See Part IV, li			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must of			2,297,463.	16	7,652,266
17	Accounts payable and accrued expenses	286,326.	17	163,198		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
v 22	Loans and other payables to current and for					
	key employees, highest compensated emplo					
	Complete Part II of Schedule L				22	
<u> </u>	Secured mortgages and notes payable to un				23	
24	Unsecured notes and loans payable to unrel	ated third partie	es		24	
25	Other liabilities (including federal income tax	payables to re	lated third			
	parties, and other liabilities not included on I	nes 17-24). Co	mplete Part X of			
	Schedule D			2,200.	25	<u>2,200</u> 165,398
26	Total liabilities. Add lines 17 through 25			288,526.	26	165,398
	Organizations that follow SFAS 117 (ASC	958), check he	re 🕨 🗴 and			
ν <u>γ</u>	complete lines 27 through 29, and lines 33	and 34.				
27	Unrestricted net assets			1,714,588.	27	7,087,356
28				294,349.	28	399,512
n 29	Permanently restricted net assets				29	
Net Assets or Fund Balances 8 25 1 0 6 8 2 2 8 2 2 1 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Organizations that do not follow SFAS 117	' (ASC 958), ch	neck here 🕨 🗌			
	and complete lines 30 through 34.					
ន្ត 30	Capital stock or trust principal, or current fur	nds			30	
8 31	Paid-in or capital surplus, or land, building, o				31	
¥ 32	Retained earnings, endowment, accumulate				32	
ž 33	Total net assets or fund balances			2,008,937.	33	7,486,868
34	Total liabilities and net assets/fund balances			2,297,463.	34	7,652,266

Form **990** (2018)

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Form	990 (2018) JOIN	93-1	090005	Pag	_{ge} 12			
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	13,187					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,709					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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						
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	7,486	5,8	68.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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?		2b	Х				
	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 X 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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
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			1			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
			_ (

Form **990** (2018)

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Nan	ne of	the organization				o latoot li		Employe	identification number			
INGI		JOIN							3-1090005			
Pa	rt I	Reason for Public 0		All organizations must co	omplete th	s nart) Se	e instructions		5 1050005			
		•										
1 1		ization is not a private found		•		,	IV AV:)					
		A church, convention of chu					I)(A)(I).					
2	\square	A school described in section										
3	\square	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4			ation operated in cor	ijunction with a nospital	aescribea	in sectio	n 170(b)(1)(A	(III). Enter	the hospital's name,			
_		city, and state:		1				- 14 11-	1 1			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that norma	•	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general	public described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or			
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersł	nip fees, ar	nd gross receipts from			
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	5 09(a)(2) .	See section &	509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting			
		organization. You must c	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following informatior	about the supporte	d organization(s).								
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Tota	al											

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 JOIN

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3181529.	4246885.	4414387.	6557547.	13161571.	31561919.
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	3181529.	4246885.	4414387.	6557547.	13161571.	31561919.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						31561919.
	tion B. Total Support						51301919.
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3181529.	4246885.	4414387.	6557547.	13161571.	31561919.
	Gross income from interest,	51015251	12100051	111100/1	00070170		513019191
0	dividends, payments received on						
	securities loans, rents, royalties,	38,024.	18,717.	16,347.	2,904.	12,466.	88,458.
•	and income from similar sources	30,0240	10,717.	10,547.	2,504.	12,400.	00,400
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	110,978.	15,602.	11,089.	9,006.	2 207	149,972.
	assets (Explain in Part VI.)	110,970.	15,002.	11,009.	9,000.		31800349.
	Total support. Add lines 7 through 10		`				105,510.
	Gross receipts from related activities,		,				105,510.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi	o here	centage				
	-			. (*)			99.25 %
	Public support percentage for 2018 (li		•			14	
	Public support percentage from 2017					15	98.63 %
16a	33 1/3% support test - 2018. If the c	•			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		0				
b	33 1/3% support test - 2017. If the c				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			=	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						e
	organization meets the "facts-and-circ		•	•	,		▶∐
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 JOIN Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "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								
3	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	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support				<u>.</u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(d	:)(3) organiza	ation,	
	check this box and stop here)	
Sec	ction C. Computation of Public	c Support Pe	rcentage						
15	Public support percentage for 2018 (li	ne 8, column (f), c	divided by line 13,	column (f))		15			%
	Public support percentage from 2017	1	1			16			%
	ction D. Computation of Inves								
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2018. If the	-					6, and line 17	7 is not	
	more than 33 1/3%, check this box an								
b	33 1/3% support tests - 2017. If the								
	line 18 is not more than 33 1/3%, chec							▶∟	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th				<u> </u>	
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15 2018.04010 JOIN

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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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_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 JOIN	93-109000	5 ра	age 5
Par	t IV Supporting Organizations (continued)			
			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		
	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? <i>If</i> "Yes," <i>explain in</i>			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-	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			
0	supported organizations played in this regard.	3		
	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 in	structions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .	, , ,		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions,	Yes	Na
2	Activities Test. Answer (a) and (b) below.		res	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?			
	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
832025		e A (Form 990 or 99	90-EZ)	2018

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions 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 JOIN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990 EZ) 2018 JOIN			3-1090005 Page
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	1
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	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)
Section 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 distributions of phot years 			
c Remainder. Subtract lines 4a and 4b from 4.			
 5 Remaining underdistributions for years prior to 2018, if 			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 JOIN	93-1090005 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a (See instructions.)	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number						
J	OIN	93-1090005					
Organization type (check							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	•	e. See instructions.					
General Rule							
Organization type (check one): Filers of: Section: Form 990 or 990-EZ Image: Solicitical organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation							
sections 509(a)(1 any one contribu) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou	or 16b, and that received from					

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

JOIN		9	3-1090005
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEZOS DAY ONE FUND 7683 SOUTHEAST 27TH STREET, #224 MERCER ISLAND, WA 98040	\$5,088,039.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

	B (Form 990, 990-EZ, or 990-PF) (2018)		-	Page 3
Name of or	rganization		Emplo	yer identification number
JOIN			93	-1090005
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) MV (or estimate) See instructions.)		
		\$		
(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
		\$		
(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
		\$		

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

Name of o	organization		Employer identification number				
JOIN			93-1090005				
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	(a) through (e) and the following line e , charitable, etc., contributions of \$1,000	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of g	jift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
323454 11-08	l 3-18		Schedule B (Form 990, 990-EZ, or 990-PF) (201				

4974___1

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www its gov/Form990 for instructions and the latest information

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			En	nployer identification number	
	JOIN				93-1090005	
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 of	organization.	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		►	• \$	
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)	-		
1 2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio	incurred by the organization under incurred by organization managers	section 4955 under section 4955 this year?	•	≻ \$ 	
_		anization is exempt under	section 501(c), e	xcept section 501	(c)(3).	
2 3	exempt function activities Total exempt function expenditures line 17b	ization's funds contributed to othe . Add lines 1 and 2. Enter here and	r organizations for sec on Form 1120-POL,	tion 527	>\$ >\$	
4		· ······				
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -(contributions received and	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 J						1090005 Page 2
Part II-A Complete if the orga section 501(h)).	nizatio	n is exen	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
	on helong	ne to an affi	liated aroun (and list i	n Part IV each affiliated	aroup member's par	address FIN
expenses, and share	-	•	• • •		group member s han	ie, address, Ein,
B Check ► if the filing organization			• •	ovisions apply.		
<u> </u>					(a) Filing	(b) Affiliated group
		oying Exper eans amou	nditures ints paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to influe	nce publi	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influe	nce a leg	islative boo	ly (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and	l 1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures	(add lines	s 1c and 1d)			
f Lobbying nontaxable amount. Enter	the amou	unt from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or ((b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e).		
Over \$500,000 but not over \$1,000,0	000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	0,000,0	\$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	00,000	\$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,000.				
-						
g Grassroots nontaxable amount (ente	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero o						
i If there is an amount other than zero						
reporting section 4911 tax for this ye			<i>,</i> 0			Yes No
			eraging Period Unde			
(Some organizations that	it made a	a section 5		have to complete all o	f the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (F	Form 990 or	990-EZ) 2018	JOIN
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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?	X			0.
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6	5,682.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			0.
i	Total. Add lines 1c through 1i			6	5,682.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		·		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5),	or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes.") Part		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 ar	1d 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D

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.



of th	he organiz	zation
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Nam	e of the organization JOIN				Employer identification number 93-1090005
Pa		Funde or Oth	or Similar Eundo		
Fai					Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		alvia a al funciala	().	
		(a) Donor a	dvised funds	(0) 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 write	ting that the asse	ts held in donor advis	sed funds	S
	are the organization's property, subject to the organization's exe	clusive legal cont	rol?		Yes No
6	Did the organization inform all grantees, donors, and donor advi	isors in writing th	at grant funds can be	used on	ly
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or f	or any other purpose	conferrir	ng
	impermissible private benefit?				Yes No
Pa	t II Conservation Easements. Complete if the organ	nization answered	"Yes" on Form 990,	Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization	(check all that ap	ply).		
	Preservation of land for public use (e.g., recreation or edu	cation)	Preservation of a his	torically i	mportant land area
	Protection of natural habitat		Preservation of a cer	tified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation co	ntribution in the form	of a con	servation easement on the last
	day of the tax year.			ſ	Held at the End of the Tax Year
а				Ē	2a
b					2b
ĉ	Number of conservation easements on a certified historic struct			F	2c
b b	Number of conservation easements included in (c) acquired after				
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, release				
5	year	sed, extinguished	i, or terminated by the	organiz	
4	Number of states where property subject to conservation easen	nont is located			
5	Does the organization have a written policy regarding the period				
3	violations, and enforcement of the conservation easements it ho	-			Yes No
6			a and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	nulling of violation	is, and enforcing cons	Servation	leasements during the year
7	Amount of company in considering inconsting handling				
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, ar	id enforcing conserva	ition ease	ements during the year
•					
8	Does each conservation easement reported on line 2(d) above s	,			
-	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	n's financial state	ments that describes	the orga	nization's accounting for
Dai	t III Organizations Maintaining Collections of A	rt Historical	Treasures or O	ther Si	milar Assats
1 41	Complete if the organization answered "Yes" on Form 99	-	-		
10	If the organization elected, as permitted under SFAS 116 (ASC			nont and	balance about works of ort
Id	c	,, 1			,
	historical treasures, or other similar assets held for public exhibit		or research in iurthera	ince of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes				
b	If the organization elected, as permitted under SFAS 116 (ASC				
	treasures, or other similar assets held for public exhibition, educ	cation, or researc	h in furtherance of pu	blic servi	ce, 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 treasu			al gain, pi	rovide
	the following amounts required to be reported under SFAS 116		-		
	Revenue included on Form 990, Part VIII, line 1				▶ \$
b	Assets included in Form 990, Part X				▶ \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
832051	10-29-18	

Sche	dule D (Form 990) 2018 JOIN							93-10			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	contii	<u>ued)</u>	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing tha	t are a si	gnificant u	ise of its c	ollection	items	i
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, his	storical treas	sures, or oth	er 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	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amoun	<u>t</u>	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance						1 f		Yes		No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.							∟			
Par							10				<u>_</u>
		(a) Current year		rior year	(c) Two yea		(d) Three	ears hack	(e) Fou	vears	hack
1a	Beginning of year balance		(6)1	nor year				Jours Buck		yours	DUCK
b	Contributions										
c	Net investment earnings, gains, and losses									-	
d	Grants or scholarships									-	
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		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	tion that	t are held ar	nd administe	red for th	ne organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investn		.,	or other (other)		ccumulate	ed	(d) Boo	k value	e
1a	Land										
	Buildings				1,558.		59,7			1,82	
	Leasehold improvements				4,583.		18,0			<u>6,5</u> 2	
d	Equipment				<u>9,497.</u>		15,2		2	4,24	
	Other				7,000.		17,0	00.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X, colum	n <u>n (B), line 1</u>	0c.)				33	2,59	91.

Schedule D (Form 990) 2018

Part VII	Investments -	Other S	Securities.
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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.)		

Other Assets. Part IX

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.

990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federa	l income taxes	
(2) DEPC	DSITS HELD	2,20
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line	25.) 2,20

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

Sche	dule D (Form 990) 2018 JOIN		93-1090005 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses 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:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	t 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.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISION OF FASE ASC TOPIC OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.

832054 10-29-18

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047			
Form 990 or 990-EZ Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							or if the	2018		
organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.								Open to Public		
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection		
Name of the organization	JOIN						Employer ide 93-1090	entification number		
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not		
 required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
	i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity		ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
Total										
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	egistration		
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 5	Sche	dule G (Form 9	990 or 990-EZ) 2018		

 Schedule G (Form 990 or 990 EZ) 2018 JOIN
 93-1090005 Part

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 HULLABALOO	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ש			(event type)	(event type)	(total number)	coi. (C))
	1	Gross receipts	105,348.			105,348
	2	Less: Contributions	74,055.			74,055
	3	Gross income (line 1 minus line 2)	31,293.			31,293
	4	Cash prizes				
	5	Noncash prizes				
DELISES	6	Rent/facility costs	6,772.		823.	7,595
Ulrect Expenses	7	Food and beverages	16,499.		808.	17,307
5	8	Entertainment	1,675.			1,675 4,071
	9	Other direct expenses			4,071.	
		D' 1 A 1 1 1 A 1			•	20 610
_	10 <u>11</u> rt	II Gaming. Complete if the organization	line 3, column (d)	990, Part IV, line 19, or re		
a	11	Net income summary. Subtract line 10 from	line 3, column (d)			645 (d) Total gaming (add
_	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	30,648 645 (d) Total gaming (add col. (a) through col. (c
aniavan	11 rt	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
aniavan	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d)	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
aniavan	11 rt I 1 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d)	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
'a	<u>11</u> rt I 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d)	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d)	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	645 (d) Total gaming (add
a	11 rt I 2 3 4 5 6 7	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) n answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bingo (a) Bingo (b) Bingo (c) Bingo </td <td>990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo Yes% No</td> <td>eported more than (c) Other gaming Yes% No</td> <td>645 (d) Total gaming (add</td>	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming Yes% No	645 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 JOIN	93-10	90	005	Page 3
11	Does the organization conduct gaming activities with nonmembers?	!	· 🗌	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		· 🗌	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		, []	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	Int			
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<u> </u>	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	organization's own exempt activities during the tax year 🕨 \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part I	III, line	es 9, 9	9b, 10b,
		. (5			FT) 00 (0

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

								OMB No. 1545-0047
Governments, and Individuals in the United States 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. > Attach to Form 990. Department of the Treasury Internal Revenue Service > Attach to Form 990. Name of the organization > Go to www.irs.gov/Form990 for the latest information. Name of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete if the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of valuation (book (g) Description of (h) Purpose						2018		
		Comp	-	Attach to For	m 990.			Open to Public
			Go to www.in	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of t	8							Employer identification number $93 - 1090005$
crite	eria used to award the grants or ass	istance?						
Part II						anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of non-cash	valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance
	er total number of section 501(c)(3)							
	er total number of other organization							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018) JOIN

93-1090005

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING PLACEMENT	1462	903,508.	0.		
OUSING STABILIZATION	10652	3,087,624.	٥.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THESE ARE NOT "GRANTS". THESE AR	E INDIVIDU	JAL PROVISI	ONS OF SUP	PORTIVE	
SERVICES TO HELP HOMELESS PEOPLE '	TRANSITION	I OFF THE S	TREET. TH	E	

OVERWHELMING BALANCE OF THIS EXPENSE IS FOR HOUSING DEPOSIT AND RENT.

ASSISTANCE IS PROVIDED IN THE FORM OF DIRECT PAYMENT TO THE LANDLORD, NOT

TO THE INDIVIDUAL. WE DO TRACK EFFECTIVENESS AND SUCCESS QUARTERLY AND

REPORT HOUSING STATUS AS A "HOUSING RETENTION RATE" IDENTIFYING OF THE

TOTAL NUMBER HOUSED 3, 6, AND 12 MONTHS PREVIOUSLY REMAIN HOUSED.

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.



Employer identification number 93 - 1090005

JOIN

FORM 990, PART VI, SECTION A, LINE 1:

AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION IS DELEGATED TO AN EXECUTIVE <u>COMMITTEE WHERE AN IMMEDIATE RESPONSE IS NECESSARY. ALL THESE DECISIONS</u> <u>ARE REVIEWED BY THE FULL BOARD. THIS COMMITTEE IS MADE UP OF THE OFFICE</u> <u>HOLDERS OF THE BOARD (PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY AND</u> THE EXECUTIVE AS A NON-VOTING MEMBER)

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE REVIEWED AFTER SUBMISSION BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. JOIN'S FINANCIAL AUDIT HAS ALREADY BEEN PRESENTED TO THE BOARD.

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

IN SETTING THE EXECUTIVE DIRECTORS COMPENSATION LEVEL A 3RD PARTY

CONSULTANT WAS ENGAGED MANAGE THE HIRING PROCESS INCLUDING SUGGESTIONS

ABOUT COMPENSATION LEVELS BASED ON HER EXPERIENCE AND IN PRESENTING

COMPARATIVE LEVELS AT LIKE AGENCIES IN TERMS OF SIZE, BUDGET, WORKFORCE,

AND MISSION. THESE DISCUSSIONS AND FINAL DECISION BY THE FULL BOARD OF

DIRECTORS WAS CONTEMPORANEOUSLY SUBSTANTIATED IN THE BOARD MINUTES. ALL

OTHER SALARIES ARE SET ON BASE ENTRY WAGE WITH A BONUS FOR YEARS OF

APPLICABLE EXPERIENCE. COMPARATIVE DATA IS USED AND LEVELS ARE APPROVED BY

THE BOARD OF DIRECTORS. THERE IS NO INDEPENDENT REVIEW.

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

UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization JOIN	Pac Employer identification numb 93-1090005
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,050,389.
MANAGEMENT AND GENERAL EXPENSES	5,533.
FUNDRAISING EXPENSES	1,608.
TOTAL EXPENSES	1,057,530.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 1,057,530.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
332212 10-10-18 2 0	Schedule O (Form 990 or 990-EZ) (20

832161 10-02-18 LHA

40

Schedule R (Form 990) 2018

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number 93-1090005

JOIN

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

						-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HALSEY CENTER - 27-3281112	ACQUIRE AND HOLD REAL						
1435 NE 81ST AVE, SUITE 100	PROPERTY FOR JOIN'S						
PORTLAND, OR 97213	BENEFIT	OREGON	501(C)(3)	LINE 12B, II	иоти	x	
]						
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No. 1545-0047

2018

	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	Part IV, line 34	, because it had one or more related
	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1) (1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	entity (related, unrelated, income end-of-year allocations? amount in box		Genera managi partne	or Percentage ownership				
		country)		sections 512-514)			Yes	No		Yes N	0
	1										
	-										
	-										
	-										
	-										
	4										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2018 JOIN

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)		x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	X	
Sharing of paid employees with related organization(s)			+
p Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)			
	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HALSEY CENTER	ĸ	57,000.	
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 JOIN

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		(6	a)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	all rs sec	Share of	Share of		• , opor-	Code V-UBI	Genera	
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(c)(3) s ?	total	end-of-year	Dispr tior alloca	nate tions?	amount in box 20	manag	^{ing} ownership
-		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes	10
			, , , , , , , , , , , , , , , , , , ,									
												_
												1
				1	l			1				

Schedule R (Form 990) 2018

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

832165 10-02-18

08310806 781409 4974

	JOIN	Estimated '	Тау	on Unrelat	ed Business	93-109 Taxahlo	000	5	
Form	990-W	Income	e foi	r Tax-Exem	ot Organizat	ions		OMB No. 1545-0976	
Depar	rksheet) tment of the Treasury al Revenue Service	Go to www.irs	.gov/F	orm990W for instruc	Private Foundations) ctions and the latest in the Internal Revenue	nformation.	T	2019	
1	Unrelated business taxab	le income expected in the tax y	ear				1		
2	Tax on the amount on lin	ne 1. See instructions for tax co	omputa	tion			2		
3	Alternative minimum tax	for trusts. See instructions					3		
4	Total. Add lines 2 and 3						4		
5	Estimated tax credits. Se	e instructions					5		
6	Subtract line 5 from line	4					6		
7	Other taxes. See instruct	ions					7		
8	Total. Add lines 6 and 7						8		
9	Credit for federal tax paid	d on fuels. See instructions					9		
10a		8. Note: If less than \$500, the c Private foundations, see instruc	-						
b	Enter the tax shown on the	he 2018 return. See instructions for less than 12 months, skip th	s. Cauti						
	and enter the amount fro	m line 10a on line 10c				1,939.			
C		ter the smaller of line 10a or line;		•			10c	1,960.	
				(a)	(b)	(c)		(d)	
11	Installment due dates. S	See instructions	11			09/16/1	9	12/16/19	
12	Required installments. columns (a) through (d) the organization uses the installment method, the a	. But see instructions if annualized income							
	installment method, or is		12			1,4	70.	490.	
13	2018 Overpayment. See	instructions	13						
<u>14</u> LHA	Payment due (Subtract I	ine 13 from line 12) tion Act Notice, see instruction	14 s			1,4	70.	490. Form 990-W (2019)	

Form 990-	т	E		anization Bus				e Tax	Return	· -	OMB No. 1545-0687	
		For cal		year beginning							2018	
		For cal		/w.irs.gov/Form990T for in				formation		— ·	2010	
Department of the Internal Revenue S	Treasury Service			bers on this form as it may						0 50	pen to Public Inspection 01(c)(3) Organizations On	for Ily
A X Check addres	box if ss changed		Name of organization (Check box if name c	hanged	and see instru	uctions	S.)		D Employer identification number (Employees' trust, see instructions.)		
B Exempt und	ler section	Print	JOIN							93	8-1090005	
X 501(C)	(3)	or Type	Tune I Number, street, and room of suite no. If a P.O. box, see instructions.								ed business activity code structions.)	е
408(e) [220(e)	PO BOX 16490								-		
408A 408A 529(a)	530(a)	City or town, state or province, country, and ZIP or foreign postal code PORTLAND , OR 97292										
C Book value of a at end of year 7	all assets		F Group exemption nu	mber (See instructions.)								
				ype 🕨 🚺 501(c) corp		50	1(c) tr		401(a)		Other trus	<u>t</u>
		•	tion's unrelated trades o		1				only (or first) un			
			EE STATEMEN				-		plete Parts I-V.			
			•	ious sentence, complete Pa	rts I an	d II, complete	a Sch	edule M fo	or each addition	al trade c	or	
business, the				n affiliated group or a paren	t cubci	diany controlle	od arou	un?		Yes	X No	—
			ifying number of the par		11-20021	ulary controlle	su groi	nh	F L	165		
			VILL HARRIS				Te	elephone r	number 🕨 5	03-2	232-7052	
			le or Business In	icome		(A) Inc			(B) Expenses		(C) Net	
1a Gross rec	eipts or sale	s										
b Less retu	rns and allov	vances		c Balance ►	1c							
2 Cost of g	oods sold (S	chedule	A, line 7)		2							
					3							
					4a			_				
				rm 4797)	4b			_				
				· · · · · · · · · · · · · · · · · · ·	4c			_				
				(attach statement)	5							
					6 7							—
				d organization (Schedule F)	8							
				organization (Schedule G)								
					10							
					11							_
			is; attach schedule)		12							_
13 Total. Co	ombine lines	3 throu	gh 12		13			0.				
				ere (See instructions fo								
				ist be directly connected								
				hedule K)						14		
										15		
										16		—
										17 18		—
										19		
20 Charitab	le contributio	ons (See	e instructions for limitation	on rules)						20		—
							21					—
				ere on return		r				22b		
										23		_
24 Contribu	itions to defe	erred co	mpensation plans							24		
25 Employe	e benefit pro	grams								25		
26 Excess e	exempt exper	nses (Sc	hedule I)							26		
										27		
28 Other de	eductions (at	tach sch	edule)							28		<u> </u>
				ing lang dadugting Cubbood						29).
				ing loss deduction. Subtract				\		30	0	•
	•	•	• •	beginning on or after Januai from line 30	•			,		31 32	0).
			work Reduction Act Not								Form 990-T (20	
				4	<i>c</i>							

08310806 781409 4974

Form 990-T				93-10	90005	Page 2					
Part I	I Total Unrelated Business Taxa	ble Income									
33	Total of unrelated business taxable income compu	ed from all unrelated trades or businesses	s (see instructio	ons)	33	0.					
34					34	10,234.					
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see ir	nstructions)		35						
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from the	he sum of								
					36	10,234.					
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	1,000.					
38	Unrelated business taxable income. Subtract line	e 37 from line 36. If line 37 is greater than	line 36,								
	enter the smaller of zero or line 36 38 9, 2										
Part I	/ Tax Computation										
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		►	39	1,939.					
40	Trusts Taxable at Trust Rates. See instructions for	r tax computation. Income tax on the amo	unt on line 38 t	from:							
	Tax rate schedule or Schedule D (Fo	rm 1041)		►	40						
41	Proxy tax. See instructions				41						
42	Alternative minimum tax (trusts only)				42						
43	Tax on Noncompliant Facility Income. See instru	ctions			43						
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh				44	1,939.					
Part V	Tax and Payments										
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a								
b	Other credits (see instructions)		45b								
C	General business credit. Attach Form 3800		45c								
d	Credit for prior year minimum tax (attach Form 88										
	Total credits. Add lines 45a through 45d				45e						
46	Subtract line 45e from line 44				46	1,939.					
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 (Other (attach schedule)	47						
48	Total tax. Add lines 46 and 47 (see instructions)				48	1,939.					
49	2018 net 965 tax liability paid from Form 965-A or				49	0.					
50 a	Payments: A 2017 overpayment credited to 2018		I I								
	2018 estimated tax payments										
	Tax deposited with Form 8868										
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d								
	Backup withholding (see instructions)										
	Credit for small employer health insurance premiu										
	Other credits, adjustments, and payments:										
·		ther Total	► 50g								
51	Total payments. Add lines 50a through 50g				51						
52	Estimated tax penalty (see instructions). Check if F				52	81.					
53	Tax due. If line 51 is less than the total of lines 48				53	2,020.					
54	Overpayment. If line 51 is larger than the total of l	ines 48, 49, and 52, enter amount overpaid	d	►	54						
55	Enter the amount of line 54 you want: Credited to			Refunded 🕨	55						
Part V			tion (see in	nstructions)							
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signat	ture or other au	uthority		Yes No					
	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	ation may have	to file							
	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of	the foreign co	untry							
	here 🕨					X					
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of, (or transferor to	, a foreign trust?		X					
	If "Yes," see instructions for other forms the organ	zation may have to file.									
58	Enter the amount of tax-exempt interest received o	r accrued during the tax year 🕨 \$									
_	Under penalties of perjury, I declare that I have examined				edge and belief,	it is true,					
Sign	correct, and complete. Declaration of preparer (other tha		Parer ride driy KNC		May the IDC dia	cues this raturn with					
Here	Here May the IRS discuss this return the preparer shown below (see										
	Signature of officer	Date Title			instructions)?	X Yes No					
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN						
Paid				self- employed							
Prepa	rer SANG AHN					540880					
Use C				Firm's EIN	► <u>9</u> 3-	0900579					
	520 SW YAM										
	Firm's address PORTLAND ,	OR 97204		Phone no.		227-0581					
823711 01-	09-19				Fo	orm 990-T (2018)					
		47									

Form 990-T (2018) **JOIN**

Page 3

Schedule A - Cost of Goods	Sold. Enter r	method of inven	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year			6	Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A ()	with respect to		Yes	No
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (I	From Real P	Property and	Per	sonal Property L	ease	d With Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent received	d or accrued							
(a) From personal property (if the percurrent for personal property is more to 10% but not more than 50%)	` ´ of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the in 2(b) (attach schedul	come in e)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2		er			0	(b) Total deductions. Enter here and on page 1,			•
here and on page 1, Part I, line 6, column Schedule E - Unrelated Debt			:	-+:)	0.	Part I, line 6, column (B)			0.
Schedule E - Officiated Deb		income (see	Instru	ctions)		3. Deductions directly conne	cted with or allocab		
			2	. Gross income from		to debt-financed			
1. Description of debt-fina	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
						(anaon concurre)	(attach schedule)		
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or all debt-finan	adjusted basis locable to ced property schedule)	e	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) an	al of col	
(1)			1	%					
(2)				%					
(3)				%					
(4)				%					
				//	E	nter here and on page 1,	Enter here and	on page	e 1,
						Part I, line 7, column (A).	Part I, line 7, c		
Totals						0.			0.
Total dividends-received deductions inc						>			0.

Form **990-T** (2018)

823721 01-09-19

Form 990-T (2018) JOIN									93-10	9000	5 Page 4
Schedule F - Interest, /	Annuities	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	s)
				Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organizat	ion	2. Employer identification number			elated income instructions) 4. Tota paym		al of specified nents made	includ	art of column 4 that is ded in the controlling zation's gross income		6. Deductions directly connected with income in column 5
(1)											
_(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		related incon e instruction		9. Total	of specified payr made	nents	10. Part of colu in the controlli gross	mn 9 that ing organ s income	ization's	11. De with	ductions directly connected income in column 10
_(1)											
_(2)											
_(3)											
(4)											
	1						Add colun Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									0.		0.
Schedule G - Investme						17) Oro	anization		0.		0.
(see inst			Scotion	001(0)(1	, (0), 01 (
1. Desc	1. Description of income				2. Amount of	income	3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)				5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals				►		0.					0.
Schedule I - Exploited	Exempt /	Activity	Incom	e, Other	Than Adv	/ertisin	g Income				
(see instru	uctions)				-						
1. Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	directly of with proof un	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Iumn 2 n 3). If a e cols. 5	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(2) (3)											
(4)											
<u> </u>	Enter here page 1, line 10, c	Part I, col. (A).	page	ere and on 1, Part I, , col. (B).		1					Enter here and on page 1, Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertisi			instruction								
Part I Income From	Periodica	als Rep	orted o	n a Cons	solidated	Basis					
											_
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs			e 5. Circulat income		6. Read		 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(2) (3)											
(4)											
Totals (carry to Part II, line (5))	►		0.	0	•						0.

Eorm **990-T** (2018)

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Form 990-T (2018) **JOIN**

93-1090005

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I 📃 🕨 🕨	0.	0.				0.
Enter here and on Enter here and on Enter here and on page 1, Part I, page 1, Part I, line 11, col. (A). line 11						Enter here and on page 1, Part II, line 27.
Fotals, Part II (lines 1-5) 🕨	0.	0.				0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)		
1. Name			2. Title	3. Percer time devot busines	ed to 4.00	mpensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, li	ine 14	•		•		0.

Form **990-T** (2018)

823732 01-09-19

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

DISALLOWED EMPLOYEE FRINGE BENEFITS

TO FORM 990-T, PAGE 1

JOIN

Form	2220

Underpayment of Estimated Tax by C	Corpora	ations
Attach to the corporation's tax return.	FORM	990-T

OMB No. 1545-0123

2	0	1	8

Department of the Treasury Internal Revenue Service

Name

evenue Service	Go to www.irs.gov/Form2220 for instructions and the latest information.		2010
JOIN			ntification number 1090005
Generally, the co	orporation is not required to file Form 2220 (see Part II below for exceptions) because the IR	S will figure ar	y penalty owed

estimated tax penalty line of the corporation's income tax return, but do not attach For Part I Required Annual Payment	rm 2220.		
1 Total tax (see instructions)		1	1,939.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
c Credit for federal tax paid on fuels (see instructions)			
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. T does not owe the penalty			1,939.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: I or the tax year was for less than 12 months, skip this line and enter the amount from line 3			
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required		-	1,939.
enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are cheven if it does not owe a penalty. See instructions.			I,939.
6 The corporation is using the adjusted seasonal installment method.			

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)				
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/18	06/15/18	09/15/18	12/15/18				
10	Required installments. If the box on line 6 and/or line 7									
	above is checked, enter the amounts from Sch A, line 38. If									
	the box on line 8 (but not 6 or 7) is checked, see instructions									
	for the amounts to enter. If none of these boxes are checked,									
	enter 25% (0.25) of line 5 above in each column	10	485.	485.	484.	485.				
11	Estimated tax paid or credited for each period. For									
	column (a) only, enter the amount from line 11 on line 15.									
	See instructions	11								
	Complete lines 12 through 18 of one column									
	before going to the next column.									
12	Enter amount, if any, from line 18 of the preceding column	12								
13	Add lines 11 and 12	13								
14	Add amounts on lines 16 and 17 of the preceding column	14		485.	970.	1,454.				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.				
16	If the amount on line 15 is zero, subtract line 13 from line									
	14. Otherwise, enter -0-	16		485.	970.					
17	Underpayment. If line 15 is less than or equal to line 10,									
	subtract line 15 from line 10. Then go to line 12 of the next									
	column. Otherwise, go to line 18	17	485.	485.	484.	485.				
18	Overpayment . If line 10 is less than line 15, subtract line 10									
	from line 15. Then go to line 12 of the next column	18								
Go	Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.									

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

FORM	990-T
Form 2220	(2018)

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the date shown on line 19	20					
1	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21					
2	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$		\$
3	Number of days on line 20 after 06/30/2018 and before 10/1/2018	23					
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$		\$
5	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25					
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) 365	26	\$	\$	\$		\$
7	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE	ATTACHED W	ORKSHEET		
B	Underpayment on line 17 x Number of days on line 27 x 6% (0.06) 365	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29					
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
1	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
3	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
5	Number of days on line 20 after 12/31/2019 and before 3/16/2020	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	-	\$
3	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns			e 34; or the comparable		38	\$ 81

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2018)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	ımber
JOIN				93-109	90005
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/18	485.	485.	61	.000136986	4
06/15/18	485.	970.	92	.000136986	12
09/15/18	484.	1,454.	91	.000136986	18
12/15/18	485.	1,939.	16	.000136986	4
12/31/18	0.	1,939.	135	.000164384	43
enalty Due (Sum of Colun	nn F).				81

* Date of estimated tax payment, withholding credit date or installment due date.

812511 04-01-18 (Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterme	a sidentinyi	ng number		
Type or Name of exempt organization or other filer, see instru				Employe	r identificatio	n number (EIN) or		
print								
	JOIN				93-10	90005		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s PO BOX 16490	see instruct	tions.	Social security number (SSN)				
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97292								
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
Applicati		Return	Application			Return		
Is For		Code	Is For			Code		
) or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990)-T (trust other than above)	06	Form 8870			12		
Teleph ● If the o ● If this box ▶ 1 I re the ▶ 2 If th	WILL HARRIS books are in the care of \blacktriangleright <u>1435 NE 81ST A</u> none No. \blacktriangleright <u>503-232-7052</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year <u>2018</u> or tax year beginning ne tax year entered in line 1 is for less than 12 months, of Change in accounting period his application is for Forms 990-BL, 990-PF, 990-T, 4720	is in the Un Group Exe and atta <u>NOVEI</u> ganization's , an check rease	Fax No. ▶ ited States, check this box imption Number (GEN)	If this is fo all memb	r the whole g ers the exter npt organizat	group, check this ision is for.		
any	nonrefundable credits. See instructions.			3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 606					•		
	imated tax payments made. Include any prior year over			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your p	•				•		
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.		
instructio	If you are going to make an electronic funds withdrawa ns.			453-EO an		9-EO for payment 868 (Rev. 1-2019)		
	or i macy Act and Faper work neutrion Act Notice	, see mau t			i unit c			

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TAX RETURN FILING INSTRUCTIONS

OREGON CT-12

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	JOIN PO BOX 16490 PORTLAND, OR 97292
Prepared by	MCDONALD JACOBS, P.C. 520 SW YAMHILL, STE 500 PORTLAND, OR 97204
Amount due or refund	\$1,115
Make check payable to	OREGON DEPARTMENT OF JUSTICE.
Mail tax return and check (if applicable) to	OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION 100 SW MARKET STREET PORTLAND, OR 97201-5702
Return must be mailed on or before	NOVEMBER 15, 2019
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

	OT 10	Charitabl	e Activities	Section			
	Form CT-12	Oregon D	epartment c	f Justice	pay by cred	w file reports and lit card using our	
	For Oregon Charities r Accounting Periods Beginning in: 2018	100 SW Market Street Portland, OR 97201-5702 Email: charitable.activitie Website: http://www.doj.s	s@doj.state.or.us FA	Y (800) 735-2900	https://jus	ne form at tice.oregon.gov/ tal/Account/Login	
Sec	ction I. General Inform	nation			÷		
1.				ough Incorrect Iter			
#1	9199		Registration #	<i>t:</i>			
JC	DIN		Organization	Name:			
PC	D BOX 16490		Address: 143	5 NE 81ST AVE, SUI	TE 100		
PC	ORTALND, OR 97292		City, State, Z	p: PORTLAND, OR 9	7213		
(50	03) 232-7052		Phone: Email:		Fax:	Amended Report?	
01	/01/2018 12/31/2018		Period Begin	ning: / /	Period Ending:	/ /	
2.	Did a certified public accountant aud accompanying notes, schedules, or o				nancial statements,	Yes 🗌 No	
3.	Is the organization a party to a contra Oregon? If yes, write the name of the fund-rais		-	ng machine or telepho	ne fund-raising in	🗌 Yes 🖌 No	
4. 5.	Has the organization or any of its offi government agency, such as a state in any court or administrative agency yes, attach explanation of each such During this reporting period, did the o organization receive a determination	cers, directors, trustees, o attorney general, secretary regarding charitable solici agreement or action. See organization amend its artic	r key employees ever s y of state, or local distri tation, administration, r instructions. cles of incorporation, by	ct attorney, or been a nanagement, or fiducia rlaws, or trust docume	party to legal actior ary practices? If nts, OR did the	Yes 🖌 No	
6.	yes, attach a copy of the amended do	ocument or letter.		-		Yes V No	
0. 7.	Is the organization ceasing operation Provide contact information for the p				our registration.)		
	Name	Position	Phone	Mailing	Address & Email A	ddress	
	WILL HARRIS	DEPUTY DIRECTOR	(503) 232-7052	PO BOX 16490, PO WILLH@JOINPDX.C	RTLAND, OR 9729 DRG	2	
8.	 8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprofit corporations.) (A) Name, mailing address, daytime phone number 						
		and email address			average weekly hours devoted to position	Compensation (enter \$0 if position unpaid)	
	Name: SEE ATTACHED IRS FORM 990 Address:						
	Address:						
	Email:						
		Eorm Co	ntinued on Rev	area Sida			

Sec	ction II.	Fee Calculation		
9.	(From Line 12	enue 2 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on -12 instructions if no federal tax return was prepared or a Form 990-N wa 0.)	Form 990-PF; Line 9 on Form 1041;	
10.	(See chart be Amoun \$0 \$25,000 \$50,000 \$100,000 \$250,000	Iow. Minimum fee is \$20, even if total revenue is a negative amount.) t on Line 9 Revenue Fee - \$24,999 \$20 - \$49,999 \$50 - \$99,999 \$90 - \$249,999 \$200 - \$249,999 \$150 - \$299,999 \$200 - \$399,999 \$300		10. \$400.00
11.	(From Line 2	s or Fund Balances at End of the Reporting Period 2 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 0-PF; or see the CT-12 instructions to calculate.)	11. \$7,486,868.00	
12.	(Generally, fr II, Line 14b o	Assets Used to Conduct Charitable Activities om Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part n Form 990-PF; or see the CT-12 instructions to calculate. See the tions if organization owns income-producing assets.)	12. \$332,591.00	
13.	Amount S (Line 11 minu	ubject to Net Assets or Fund Balances Fee Is Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)		
14.	Net Asset (Line 13 mult	s or Fund Balances Fee plied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000	0. Round cents to the nearest whole dollar.)	14. \$715.00
15.	(If yes, the la	e fee is a minimum of \$20. You may owe more depending on how late th tivities Section at (971) 673-1880 to obtain late fee amount.)	ne report is. See Instruction 15 for additional information or contact the	15. \$0.00
16.		ount Due , 14, and 15. Make check payable to the Oregon Department of Justice.		16. \$1,115.00
17.	Form 990 Total Rev complete	& 990EZ filers do not need to attach a copy of their Scl enue of \$50,000 or more, or Net Assets or Fund Balance	d all supporting schedules and attachments that were filed hedule B. Also, if the organization did not file with the IRS ces of \$100,000 or more, see the instructions as the organ ched return was not filed with the IRS, then mark any such stcard) please attach a copy if available.	or filed a 990-N, but had ization may be required to
Ple	ase		er/director of the organization. I have examined this return nd to the best of my knowledge and belief, it is true, correc	
Sig		\Rightarrow		
Hei	re	Signature of officer	Date DEPUTY	DIRECTOR
		WILL HARRIS	PO BOX 16490, PORTLAND, OR 97292	
		Officer's name (printed)	Address	
			<u>(503) 232-7052</u> Phone	
Paid	arer's	\Rightarrow		
	Only	Preparer's signature		/-0581
		SANG AHN	520 SW YAMHILL, SUITE 500, PORTLAND, O	P 07204
		Preparer's name (printed)	Address	

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable.activities@doj.state.or.us.

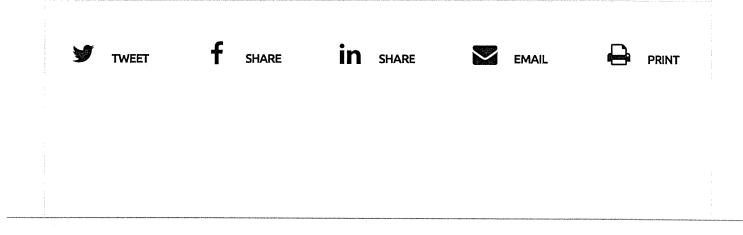
Request a Filing Extension for Annual Reports

Confirmation of Extension Request

Please print and retain a copy of the "Confirmation of Extension Request" for your records. A printout of the confirmation serves as proof that your request was submitted on time in the event questions arise about the date your extension request was filed. You will not receive a subsequent email confirming receipt of your extension request.

Organization:	JOIN
Registration Number:	
New Due Date Requested:	Friday, November 15, 2019
Requestor Name:	McDonald Jacobs, P.C.
Requestor Email:	mail@mcdonaldjacobs.com
Relationship to Organization:	CPA
Day Time Phone:	503-227-0581
Timestamp:	Wednesday, May 15, 2019 11:08 AM

Return to Request For Extension form



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JOIN

Consolidated Audited Financial Statements

For the Year Ended December 31, 2018





INDEPENDENT AUDITOR'S REPORT

To the Board of Directors JOIN

We have audited the accompanying consolidated financial statements of JOIN (a nonprofit corporation), which comprise the consolidated statement of financial position as of December 31, 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JOIN as of December 31, 2018, and changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited JOIN's 2017 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated March 21, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2017 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

McDonald Jacobr, P.C.

Portland, Oregon March 20, 2019

JOIN CONSOLIDATED STATEMENT OF FINANCIAL POSITION December 31, 2018 (With comparative totals for 2017)

	2018	2017
ASSETS		
Cash and cash equivalents Accounts receivable Pledges receivable Prepaid expenses Property and equipment, net	\$ 6,064,461 1,168,308 127,444 8,323 1,880,540	\$ 835,201 1,053,988 134,161 20,573 1,888,193
TOTAL ASSETS	\$ 9,249,076	\$ 3,932,116
LIABILITIES AND NET ASSETS		
Liabilities: Accounts payable and accrued expenses Deposits held Note payable Total liabilities	\$ 163,198 2,200 459,063 624,461	\$ 303,326 2,200 481,350 786,876
Net assets: Without donor restrictions: Undesignated Board designated Net property and equipment Total without donor restrictions With donor restrictions Total net assets	6,703,626 100,000 1,421,477 8,225,103 399,512 8,624,615	1,444,048 <u>1,406,843</u> 2,850,891 <u>294,349</u> <u>3,145,240</u>
TOTAL LIABILITIES AND NET ASSETS	\$ 9,249,076	\$ 3,932,116

JOIN CONSOLIDATED STATEMENT OF ACTIVITIES For the year ended December 31, 2018 (With comparative totals for 2017)

				2018			
	Wit	hout Donor	W	ith Donor		2017	
	Re	estrictions	Re	strictions	Total	Total	
Support and revenue:							-
Contributions	\$	5,787,611	\$	300,441	\$ 6,088,052	\$ 843,196	5
Government grants		6,999,464		-	6,999,464	5,624,201	l
Program service revenue		10,219		-	10,219	9,006	5
Special event revenue, net of expenses of							
\$30,648 for 2018 and \$39,595 for 2017		74,700		-	74,700	89,941	l
Other income		14,844		-	14,844	7,727	7
Net assets released from restrictions:							
Satisfaction of time and purpose							
restrictions		195,278		(195,278)	 		_
Total support and revenue		13,082,116		105,163	 13,187,279	6,574,071	1
Expenses:							
Program		6,818,000		-	6,818,000	5,574,80]	l
Management and general		700,298		-	700,298	324,490)
Fundraising		189,606		-	 189,606	178,173	3
Total expenses		7,707,904		-	 7,707,904	6,077,464	ł
Change in net assets		5,374,212		105,163	5,479,375	496,607	7
Net assets:							
Beginning of year		2,850,891		294,349	 3,145,240	2,648,633	3
End of year	\$	8,225,103	\$	399,512	\$ 8,624,615	\$ 3,145,240)

JOIN CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES For the year ended December 31, 2018

	2018						
		Management					
	Program	and General	Fundraising	Total			
Salaries and related expenses	\$ 1,502,141	\$ 583,566	\$ 148,859	\$ 2,234,566			
Direct assistance to individuals	3,991,132	-	-	3,991,132			
Contract services	1,031,691	-	-	1,031,691			
Professional fees	41,036	5,651	1,642	48,329			
Supplies and office expense	6,463	35,376	7,946	49,785			
Telephone	17,940	5,708	1,560	25,208			
Equipment and technology	7,173	8,202	3,943	19,318			
Occupancy	60,120	12,931	3,756	76,807			
Bank and other service fees	7,206	18,934	13,205	39,345			
Insurance	15,088	5,611	1,630	22,329			
Travel and mileage	66,960	-	-	66,960			
Depreciation	42,735	15,215	4,587	62,537			
Interest expense	9,568	4,133	1,034	14,735			
Board and staff development	18,747	4,971	1,444	25,162			
Total expenses	\$ 6,818,000	\$ 700,298	\$ 189,606	\$ 7,707,904			

JOIN CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES For the year ended December 31, 2018

	2017							
	Management							
	Program		and General		Fundraising		Total	
Salaries and related expenses	\$ 1,366,7	11 \$	282,198	\$	142,874	\$	1,791,783	
Direct assistance to individuals	3,213,80	54	-		-		3,213,864	
Contract services	637,0	38	-		-		637,038	
Professional fees	75,58	34	6,511		3,271		85,366	
Supplies and office expense	25,6	73	5,343		2,684		33,700	
Telephone	15,64	18	3,256		1,636		20,540	
Equipment and technology	18,22	25	3,793		1,905		23,923	
Occupancy	89,90)8	3,789		1,903		95,600	
Bank and other service fees	6,4	32	1,339		16,845		24,616	
Insurance	15,74	4	3,276		1,646		20,666	
Travel and mileage	58,2	31	-		-		58,231	
-								
Depreciation	39,48	38	7,643		4,128		51,259	
Interest expense	-		4,792		-		4,792	
Board and staff development	12,2	55	2,550		1,281		16,086	
Total expenses	\$ 5,574,8	01 \$	324,490	\$	178,173	\$	6,077,464	

JOIN CONSOLIDATED STATEMENT OF CASH FLOWS For the year ended December 31, 2018 (With comparative totals for 2017)

	2018	2017	
Cash flows from operating activities:			
Change in net assets	\$ 5,479,375	\$ 496,607	
Adjustments to reconcile change in net assets to net			
cash flows from operating activities	(2.112	51.02.4	
Depreciation and amortization	63,112	51,834	
(Increase) decrease in:			
Accounts and pledges receivable	(107,603)	(380,572)	
Prepaid expenses	12,250	2,428	
Increase in:			
Accounts payable and accrued expenses Deposits held	(140,128)	258,361 2,200	
Net cash flows from operating activities	5,307,006	430,858	
Cash flows from investing activities: Purchase of property and equipment Net cash flows from investing activities	<u>(54,884</u>) (54,884)	(156,529) (156,529)	
Cash flows from financing activities:			
Principal payments on note payable	(22,862)	(3,213)	
Net cash flows from financing activities	(22,862)	(3,213)	
Net change in cash and cash equivalents	5,229,260	271,116	
Cash and cash equivalents - beginning of year	835,201	564,085	
Cash and cash equivalents - end of year	\$ 6,064,461	<u>\$ 835,201</u>	
Supplemental cash flow information:			
Cash paid during the year for interest	\$ 14,160	\$ 4,217	
even part during the year for interest	<u> </u>		

JOIN NOTES TO CONSOLIDATED FINANCIAL STATEMENTS December 31, 2018

1. DESCRIPTION OF ORGANIZATION

JOIN (or the Organization) was incorporated in 1992 in Oregon as a nonprofit organization that supports the efforts of homeless individuals and families to transition out of homelessness into permanent housing and supports housing stabilization by providing critical supportive services after transition from homelessness. Support received consists primarily of contributions and government grants. Program services include providing basic services to homeless individuals and families, placement and retention services to transition people from homelessness to stable housing, and experiential learning and service opportunities.

Halsey Center is a nonprofit subsidiary with the primary purpose of maintaining real property for the benefit of JOIN.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

Net assets and all balances and transactions are presented based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

- Net Assets Without Donor Restrictions Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.
- *Net Assets With Donor Restrictions* Net assets subject to donor- (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Principles of Consolidation

The consolidated financial statements include the accounts of JOIN and the Halsey Center. All inter-organization transactions and balances have been eliminated.

Cash and Cash Equivalents

For purposes of the consolidated statement of cash flows, the Organization considers all highly liquid investments available for current use with maturities of three months or less at the time of purchase to be cash equivalents. Included in cash and equivalents at December 31, 2018 is approximately \$41,000 restricted for a maintenance reserve (approximately \$34,000 at December 31, 2017).

JOIN NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, CONTINUED December 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Accounts Receivable

Accounts receivable are reported at the amount management expects to collect on balances outstanding at year-end. Based on an assessment of the credit history with those having outstanding balances and current relationships with them, management has concluded that realization losses on balances outstanding at year-end will be immaterial.

Pledges Receivable

Contributions, which include unconditional promises to give (pledges), are recognized as revenues in the period the Organization is notified of the commitment. Conditional promises to give are not recognized until they become unconditional, that is when the conditions on which they depend are substantially met. Bequests are recorded as revenue at the time the Organization has an established right to the bequest and the proceeds are measurable. Management considers history with donors, and current economic and industry trends when determining the collectability of specific accounts. As a result, management determined that an allowance for doubtful accounts is not necessary.

Property and Equipment

Acquisitions of property and equipment over \$5,000 are capitalized. Property and equipment purchased are recorded at cost and donated assets are reflected as contributions at their estimated fair values on the date received.

Depreciation

Depreciation of property and equipment is calculated using the straight-line method over the estimated useful lives of the assets which range from 3 to 39 years.

Support and Revenue With and Without Donor Restrictions

Donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Fiscal Sponsorships

The Organization supports other nonprofits with whom it shares a charitable mission. Under the terms of the fiscal sponsorship agreements, the Organization is granted control to approve or deny any funding requests. The revenue and expenses of the fiscal sponsorships are included within the Organization's financial statements and any remaining unspent fiscal sponsorship funds are reflected as net assets with donor restrictions.

JOIN NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, CONTINUED December 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Donated Services

The Organization recognizes donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Gifts of goods and services are measured using the price of identical assets or services.

In addition, JOIN received contributed services from a large number of volunteers. These services were provided by volunteers who contributed an estimated total of 2,600 and 3,200 hours during the years ended December 31, 2018 and 2017, respectively. The value of such services, which do not meet the criteria for recording, has not been recognized in the accompanying consolidated financial statements.

Income Tax Status

JOIN and Halsey Center are nonprofit corporations exempt from federal and state income tax under section 501(c)(3) of the Internal Revenue Code and applicable state law. Based on certain tax law changes, the Organization may be subject to unrelated business income tax. Any provision for income taxes associated with these changes is estimated to be insignificant. No provision for income taxes is made in the accompanying consolidated financial statements, and the Organizations have no other activities subject to unrelated business income tax.

The Organization follows the provisions of FASB ASC *Topic Accounting for Uncertainty in Income Taxes.* Management has evaluated the Organization's tax positions and concluded that there are no uncertain tax positions that require adjustment to the consolidated financial statements to comply with provisions of this Topic.

Functional Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include occupancy, depreciation, and interest, salaries and related costs, and other shared costs, which are allocated on the basis of estimates of time and effort.

Change in Accounting Principle

The Organization has implemented Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. ASU 2016-14 modified net asset classification and enhances disclosures regarding liquidity and availability of resources and functional expense reporting. The ASU has been applied retrospectively to all periods presented.

JOIN NOTES TO CONSOLIDATED FINANCIAL STATEMENTS, CONTINUED December 31, 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Summarized Financial Information for 2017

The accompanying financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with our audited financial statements for the year ended December 31, 2017, from which the summarized information was derived.

Subsequent Events

The Organization has evaluated all subsequent events through March 20, 2019, the date the consolidated financial statements were available to be issued.

3. AVAILABLE RESOURCES AND LIQUIDITY

The Organization regularly monitors liquidity required to meet operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its primary operations to be general expenditures. It excludes financial assets with donor or other restrictions limiting their use. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, receivables, and a line of credit. See Note 7 for information about the Organization's line of credit.

3. AVAILABLE RESOURCES AND LIQUIDITY, Continued

Financial assets of the Organization consist of the following at December 31, 2018:

	Av	ailable for			Required				
		General	Board			With Donor		ntenance	
	Expenditure		Designated		Restrictions		Reserve		Total
Cash and cash equivalents	\$	5,616,560	\$	100,000	\$	307,068	\$	40,833	\$6,064,461
Accounts receivable		1,168,308		-		-		-	1,168,308
Pledges receivable		35,000				92,444		-	127,444
Total financial assets at									
December 31, 2018	\$	6,819,868	\$	100,000	\$	399,512	\$	40,833	\$ 7,360,213

Board designated funds are maintained for strategic opportunities as identified by staff and approved by the board, and the release of funds may be approved by simple majority vote of the Board of Directors. As described in Notes 2 and 8, the Organization maintains restricted cash balance for a maintenance reserve as required by its loan agreement.

4. ACCOUNTS RECEIVABLE

Accounts receivable are unsecured and consist of government grants and contracts as follows at December 31, 2018 and 2017:

	2018	2017
Multnomah County	\$ 908,571	\$ 816,406
HOPE	79,162	-
Home Forward	60,490	157,459
Other - various	120,085	80,123
Total accounts receivable	\$ 1,168,308	\$1,053,988

5. PLEDGES RECEIVABLE

Pledges receivable are unsecured and expected to be collected within one year.

6. PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31, 2018 and 2017:

	2018	2017
Land and land improvements	\$ 387,063	\$ 387,063
Building and improvements	1,889,348	1,850,054
Website	17,000	17,000
Vehicles	39,497	34,849
Total property and equipment	2,332,908	2,288,966
Less accumulated depreciation	452,368	400,773
Net property and equipment	\$1,880,540	\$ 1,888,193

Land and building are pledged as security on a note payable (Note 8).

7. LINE OF CREDIT

The Organization has available a \$200,000 (\$400,000 in 2017), revolving line-of-credit that expires in July 2019. Interest on the line is payable monthly on outstanding balances at the bank's prime rate (5.5% and 4.5% at December 31, 2018 and 2017, respectively) plus 1.25% with a minimum rate of 4.5%. The line is secured by accounts receivable and equipment. There were no advances outstanding at December 31, 2018 or 2017.

8. NOTE PAYABLE

The note payable is due to Portland Housing Bureau, secured by real property, with interest at 3% per annum, increasing to as much as 4.5%; principal and interest payments of \$3,653 are due monthly, with the final payment due November 2031. As a condition of the loan, the Portland Housing Bureau requires the Organization to contribute a minimum of \$3,000 annually to a maintenance reserve account. From March 1, 2017 through February 28, 2018, principal and interest payments were deferred, and the maturity date of the note was extended by one year.

	2018	2017
Note payable	\$ 465,870	\$ 488,732
Less debt issuance costs, net of accumulated amortization of \$4,697 in 2018 and \$4,122 in 2017	(6,807)	(7,382)
Net note payable	\$ 459,063	\$ 481,350

8. NOTE PAYABLE, Continued

Maturities of notes payable are as follows:

Year ending December 31, 2019	\$ 29,480
2020	30,434
2021	31,419
2022	32,435
2023	33,485
Thereafter	308,617
	\$ 465,870

9. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of the following at December 31, 2018 and 2017:

	2	.018		2017
Time restricted	\$	995	\$	-
Purpose restricted:				
Landlord recruitment and retention	23	30,294	2	235,855
Housing stability	1	28,537		41,994
Welcome Home		38,186		-
ADA path		1,500		1,500
Moving vans		-		15,000
Total net assets with donor restrictions	\$ 3	99,512	\$ 2	94,349

10. CONTINGENCIES

Amounts received or receivable from various contracting agencies are subject to audit and potential adjustment by the contracting agencies. Any disallowed claims, including amounts already collected, would become a liability of the Organization if so determined in the future. It is management's belief that no significant amounts received or receivable will be required to be returned in the future.

11. RETIREMENT PLAN

The Organization has a defined contribution salary deferral plan under Section 403(b) of the Internal Revenue Code covering employees who meet certain eligibility requirements. The Organization does not make contributions to the plan.

12. RELATED PARTY TRANSACTIONS

Certain board members are business owners in the community. At times, the Organization enters into transactions with companies where board members are key employees or owners. These transactions occur in the normal course of business, were insignificant to the financial statements and disclosed as part of the Organization's conflict of interest policy.

13. CONCENTRATIONS OF CREDIT RISK

The Organization maintains its cash balances in two financial institutions. Balances in each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The balances, at times, may exceed the federally insured limit. Cash balances in excess of insured limits were approximately \$5,811,000 at December 31, 2018, and \$737,000 at December 31, 2017. Subsequent to year end, the Organization transferred approximately \$3,600,000 to fully insured certificates of deposit.

During 2018, 38% of total revenue was received from one donor. Approximately 41% of total revenue was from contracts with Multnomah County in 2018. During 2017, 64% of total revenue was from contracts with Multnomah County and 11% was from contracts with the City of Portland.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 303511-83

Form **990** 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)

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.



ΑF	or th	e 2018 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identific	ation number
X	Addr	ess JOIN			
	Nam Chan	e		93-10	090005
	Initia returi		Room/suite		
	Final	PO BOX 16490			232-7052
	termi ated	in-		G Gross receipts \$	13,218,651.
	Amer returi			H(a) Is this a group re	turn
	Appli dtion	F Name and address of principal officer: Shannon Singleion		for subordinates?	? Yes X No
	pend	ING SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
		xempt status: 🔀 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a l	ist. (see instructions)
		ite: > WWW.JOINPDX.ORG		H(c) Group exemption	
		of organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1992 M	State of legal domicile: OR
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: TO SI	UPPORT	THE EFFORTS	OF
anc		HOMELESS PEOPLE TO TRANSITION OFF THE STR			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Ň	3				7 7
ত ক	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		55	
Activities &	6	Total number of volunteers (estimate if necessary)			100
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		9,234.
				Prior Year 6,557,547.	<u>Current Year</u> 13,161,571.
ne	8	Contributions and grants (Part VIII, line 1h)		9,006.	10,219.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,373.	11,829.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,107.	3,574.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,574,033.	13,187,193.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,213,864.	3,991,132.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,791,784.	2,234,566.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25)			
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,079,440.	1,483,564.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,085,088.	7,709,262.
	19	Revenue less expenses. Subtract line 18 from line 12		488,945.	5,477,931.
or				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		2,297,463.	7,652,266.
t As:	21	Total liabilities (Part X, line 26)		288,526.	165,398.
Let	22	Net assets or fund balances. Subtract line 21 from line 20		2,008,937.	7,486,868.
Pa	art 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 Here	Signature of officer WILL HARRIS, DEPUTY DII Type or print name and title	RECTOR		Date				
Paid	Print/Type preparer's name SANG AHN	Preparer's signature	Date	Check PTIN if self-employed P00540880				
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN ► 93-0900579				
Use Only	Firm's address 520 SW YAMHILL S' PORTLAND, OR 972			Phone no. (503) 227-0581				
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)							

Form	n 990 (2018) JOIN 93-	1090005	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	JOIN SUPPORTS THE EFFORTS OF HOMELESS INDIVIDUALS AND FAMILI		
	TRANSITION OUT OF HOMELESSNESS INTO PERMANENT HOUSING AND SU		
	HOUSING STABILIZATION BY PROVIDING CRITICAL SUPPORTIVE SERVI	CES AFTER	
	TRANSITION FROM HOMELESSNESS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	,	
	prior Form 990 or 990-EZ?	Yes [X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the terms of terms	otal expenses, and	1
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$4,022,620. including grants of \$2,346,302.) (Revenue \$ OUTREACH & ENGAGEMENT:)
	OUIREACH & ENGAGEMENI:		
	ENGAGED 1,462 HOMELESS MEN WOMEN AND CHILDREN ON THE STREETS		
	MULTNOMAH COUNTY. 356 HOMELESS HOUSEHOLDS PLACED IN HOUSING		
	MOLINOMMI COUNTI: 550 NOMEEDD NOODEMOLDD I EACED IN NOODING	•	
4b	(Code:) (Expenses \$2,659,020. including grants of \$1,572,264.) (Revenue \$)
	HOUSING RETENTION:		
	MADE 10,652 HOME VISITS TO NEW TENANTS, 83% 12-MONTH SUCCES		
	HOUSING RETENTION RATE. ADDITIONALLY, PROVIDED 119 HOUSEHOL	DS WITH	
	DIRECT EVICTION PREVENT SUPPORT.		
	(Code:) (Expenses \$136,360. including grants of \$72,566.) (Revenue \$	10.2	10
4c	(Code:) (Expenses \$ISO, SOO. including grants of \$72, SOO.) (Revenue \$]	10,2	<u> </u>
	IMMERSION PROGRAM.		
	PROVISION OF EXPERIENTIAL/SERVICE LEARNING OPPORTUNITIES: 25	3 PEOPLE	TN
	23 DIFFERENT YOUTH GROUPS PARTICIPATED IN JOIN'S SYMBOLIC HO		
	EDUCATIONAL EXPERIENCE.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 19,772. including grants of \$) (Revenue \$	_)	
4e	Total program service expenses 6 , 837, 772.		
		Form 99	0 (2018)
832002	02 12-31-18		
	3		

Par	t IV Checklist of Required Schedules			
			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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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,			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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Form 990 (2018)

JOIN

Part IV Checklist of Required Schedules (continued) Yes 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), ine? / IF Yes, 'complete Schedule / Part I and II. Yes No 24 Did the organization anser? Yes' 'complete Schedule / Part I and II. Yes / Ar S about Comparisation is current and forme officers, directors, trustees, key employees, and highest comparisation of the organization is current and forme officers of the organization have a tax-exempt bond issue with an outstanding principal aneunt of more than \$100,000 as of the last day off the year, that was situal data? Discomber 31, 2002? If 'Yes, ' answer lines 2 db through 3/d and complete Schedule / L W Yes, ' to b im 25a. 24a 25 Did the organization matrian an ecrow account other than a retunding escow at any time during the year / 24d 26 Did the organization matrian an ecrow account other than a retunding escow at any time during the year? 24d 26 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is prior year, and that the reaged in an excess banefit transaction with a disqualified person 31 ('Yes,' complete Schedule / Part / 25a 27 Did the organization reported a grant or other assistance to an officer, director, trustee, key employee, substantial complexes and any tax-ever the organization report of the grant and the organization reported as grant or other assistance to an officer, director, trustee, key employee, substantial conservation of the oregranization account on tharet assistance to an	Form	990 (2018) JOIN		93-1090	005	Pa	age 4
22 Did the organization report more than \$5,000 of grafts or other assistance to or for domestic individuals on Part IX, complete Schedule I, Part I and III 22 X 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule I if yes,' camplete Schedule J 23 X 24 Did the organization invest my proceeds of tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, itak was used after Obeened \$1,0002? If 'Yes,' answer ince: 24b through 24d and complete Schedule K. If 'Ne, ' to b inte 25e 24a X 25 Did the organization mean maintain an ecrow account other than a refunding scrow at any time during the year' to defease any tax-exempt bonds outstanding at any time during the year' 24d X 26 Sections 01(63), 501(64), 401(64), 404 and 501(c)(200 organizations. Did the organization anogen in a sccess benefit transaction with a disqualified person in a prior year, and that the transaction awas that if engaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25a X 27 Did the organization awas that if engaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I 25a X 28 Did the organization awas that if engaged in an excess benefit transaction with a disqualified person? If 'Yes,' complete	Par	t IV Checklist of Required Schedules (continued)					
Part IX, column (A), Ime 27, if "Yes," complete Schedule I, Parts I and II 22 X 23 Dot the organization assee "The" is Part VII, Section A, Ime 3, 4, or 6 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule / Link, "pot of ime 28a X 24 Dit 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 / If "Nes," or answer lines 24b through 24d and complete Schedule / If Nes, "or to find 25a 25a Dut the organization invest any proceeds of tax-exempt bond beyond a temporary period exception? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has no them reported on any of the organization sprior Forms 900 or 900 CF27. If "yes," complete Schedule L, Part I 25a X 25b Ott the organization or export any amount on Part X, Illes 6, or 22 for receivables from or payables to any current or former officer, director, trustee, rev employee, Highest complexes conduces for any of these periods. If <i>Part I</i> and the analy of these pensors? If "Yes," complete Schedule L, Part IV 25a X 27 Dd the organization area that year on the assistance to an officer, director, trustee, rev employee, or disqualified person of frags, 'complete Schedule L, Part IV 25a						Yes	No
22 Del the organization answer Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? <i>H</i> 'Yes,' complete Schedulo J. 23 Zit to ergonization have a taxekempt bord issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December B 3, 2002? <i>H</i> 'Yes,' <i>assued lines 24b trough</i> 24 ad occupitet Schedulo J. 24 X 24 Did the organization mean proceeds of tax exempt bords beyond a temporary period exception? 24 X 25 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-seempt bords? 24d X 26 Section 50(16)(3, 50(16)(4), and 50 ⁽¹ (2)(3) organizations. Did the organization organ in a sccess bonefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization argoin an excess bonefit transaction simulation any of the organization argoin an excess bonefit transaction simulation any of the organization organ in a sccess bonefit transaction with a disqualified person? <i>H</i> 'Yes,' complete Schedule L, Part I 25b X 27 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? <i>H</i> 'Yes,' complete Schedule L, Part IV 25b X 28 Did the organization report of any and the organization provete any current or former officer, director, tr	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X 24a Dd 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 24a X 24b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25 Dd the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d 24c 26 Dd the organization area as an "on behard of issue for bonds outstanding at any time during the year? 24d 24d 26 Section 501(cl(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person 1 in a prior year, and that the transaction negate that is engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part II 25b X 27 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, trustee, rokey employee, cl, organization provide a grant or other assistance to an officer, director, trustee, rokey anployee thereol, a grant selection committee member, or to a 355 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28b X 27 X		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22	Х	
Schedule J. 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," to to line 25a. 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24a X 24b Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d X 255 Section 501(cK)3, 501(ck)4, and 501(cg)20 granizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25 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, directors, trustees, key employees, indivest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25a X 27 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, directors, trustees, key employees, indices construction or or former officer, director, trustee, or key employee, substantial contributor or employee there6, a grant selection committee member, or to a 35% controlled entry or Tanily member of a our met and schedule L, Part II 26a X 28 Was the organization report any amount on thera X, line 5, 6, or 22 for receivables foredule L, Part II <td>23</td> <td>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and the organiza</td> <td>ganization's c</td> <td>urrent</td> <td></td> <td></td> <td></td>	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and the organiza	ganization's c	urrent			
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 "tes," answer lines 24b through 24d and complete Schedule I, 1 ^m /s," for a point invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a X 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization argee in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization argee in an excess benefit transaction with a disqualified person during the year? 24d 25a 25a Did the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25a X 27 Did the organization aver the ordinarcy framesation with one of the following parties (see Schedule L, Part IV 26a X 28 Was the organization applicable (illing thresholds, conditions, and exceptions): a current or former officer, furstee, rustee, or key employee? If "Yes," complete Schedule L, Part IV 26a X		and former officers, directors, trustees, key employees, and highest compensated employees? If "Y	es," complete	e			
is day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Schedule K, If No," go to line 25a 24a D do the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a C Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 24a 24a 24a 24b 24a 25a Section 501(X3), 501(44), and 501(229) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24a 25a Section 501(X3), 501(44), and 501(229) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of person in a prior year, and that the transaction shore forms 980 or 990-E27. If 'Yes," complete Schedule L, Part I 25a 25a 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, trustes, key employees, or disqualified person 7. If "Yes," complete Schedule L, Part II 25a 27 Did the organization approximation committee member, or to a 35% controlled entity or family member of a run or former officer, director, trustee, rustee, key employee, as ustantial contributor or employee thereol, ag ant selection committee member, or to a 35% controlled entity. If "Yes," complete Schedule L, Part II 28 Was the organization necelve continus and exceptions? 4 29 Did the organization interd ormer? If "Yes," complete Schedule L, Part IV 20 Did the organization interdor wer? If					23		X
Schedule K. If Yay,* go to ime 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization anistain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24c 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior FOMP 900 r990-E27. If Yes,* complete Schedule L, Part I 25a X 25D Id the organization report any amount on Part X, line 5, 6, or 22 for recelvables from or payables to any corner tor former officers, directors, trustes, key employees, bightest compensated employees, or disqualified person? If Yes,* complete Schedule L, Part II 25a X 27D Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors for applicable fling thresholds, conditions, and exceptions): 27 X 28 Was the organization applicable fling thresholds, conditions, and exceptions): 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-eash contributions? If Yes,* complete Schedule L, Part IV 28a X 29 Did the organization receive conthitbuts of key employee? If Yes,* complete Schedule L,	24a						
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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 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 have a controlled entity within the meaning of section 512(b)(13)? 34 X 35a Did the organization. Solid 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? 37 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 36 X 37 X 37 X 36 X	С						v
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 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? <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 Part V, line 1</i>. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <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>. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 	32		-				v
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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	00				36		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37				- 30		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Y Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V	37				27		x
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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	50				38	x	
Check if Schedule O contains a response or note to any line in this Part V	Par	t 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 3	19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3		.03	
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					1		
(gambling) winnings to prize winners?	v				1c		
832004 12-31-18 Form 990 (2018)	832004					990	(2018)

Form	<u>990 (2018)</u> JOIN 93-1090	005	P	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 55				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	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		X	
b	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			
6a	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).	-		v	
a	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	
	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	_		v	
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x	
e					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g L					
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
0	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a			
a h		9a 9b			
ь 10	Section 501(c)(7) organizations. Enter:	30			
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
a 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:				
'' a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
D	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.	100			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
2	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		x	
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
_	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

832005 12-31-18

	n 990 (2018) JOIN				90005		⊃a
Pa	rt VI Governance, Management, and Disclosure For each "Yes" resp				ora "No" r	espon	IS
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang						
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>		
Sec	ction A. Governing Body and Management					1	
					7	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax ye		1 a		_7		
	If there are material differences in voting rights among members of the governing body, or if t						
	body delegated broad authority to an executive committee or similar committee, explain in Sch				_		
b	5				_7		
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness relationshi	p with a	ny other			
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily perform						
	of officers, directors, or trustees, or key employees to a management company or c	other person?			3		
4	Did the organization make any significant changes to its governing documents sinc	e the prior Form §	990 was	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the	organization's ass	sets?		5		
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the person of the person o	ower to elect or a	opoint o	ne or			
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approve						
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions under	taken during the yea	ar by the	following:			
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?					Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w	/ho cannot be rea	ched at	the			
	organization's mailing address? If "Yes." provide the names and addresses in Scher				9		
Sec	ction B. Policies (This Section B requests information about policies not required	by the Internal Re	evenue (Code.)			
						Yes	;
10a	Did the organization have local chapters, branches, or affiliates?				10a		
	If "Yes," did the organization have written policies and procedures governing the ac						
	and branches to ensure their operations are consistent with the organization's exer			,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of						
	Describe in Schedule O the process, if any, used by the organization to review this		,	5			
	Did the organization have a written conflict of interest policy? If "No." go to line 13				12a	Х	
b						X	
		-					
Ŭ			,		12c		
13	in Schedule O how this was done					x	
13 14	Did the organization have a written decument retention and destruction policy?					X	
14 15	Did the organization have a written document retention and destruction policy?				14	- 23	
15	Did the process for determining compensation of the following persons include a re-		ai by ind	ependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation				45-	x	
	, , , , , , , , , , , , , , , , , , ,					X	
b	, , , , , , , , , , , , , , , , , , , ,				<u>15b</u>		
	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 of	or similar arranger	nent wi	th a			
	taxable entity during the year?				<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the orga			•			
	in joint venture arrangements under applicable federal tax law, and take steps to sa	o o					
	exempt status with respect to such arrangements?				16 b		
Sec	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright OR$						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if a	oplicable), 990, ar	nd 990-T	(Section 501(c	;)(3)s only)	availa	l
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request	Other <i>(explaii</i>		,			
9	Describe in Schedule O whether (and if so, how) the organization made its governing	ig documents, co	nflict of	interest policy,	and financ	cial	
	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 bo	oks and	records			
	WILL HARRIS - 503-232-7052						
	1435 NE 81ST AVE., SUITE 100, PORTLAND, OF	R 97213					
32006	06 12-31-18				Forr	n 990)
	6						
08	805 781409 4974 2018.04010	JOIN				49	9

Form 990 (20 ⁻		93-1090005	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
E	Employees, and Independent Contractors								
C	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								
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax vear.						

ye ıg • 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 report-able 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 hours per	(do	Position o not check more than one x, unless person is both an			than o	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	, unie cer ar	nd a d	irecto	s bou pr/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		96	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		n ploye	t com	_			and related organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRIS BONNER	2.00									
PRESIDENT	0.50	Х		Х				0.	0.	0.
(2) MARGARET BRYANT	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) ANNA PLUMB	2.00									
SECRETARY	0.50	Х		Х				0.	0.	0.
(4) NATHAN BEATTY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) AARON NAWROCKI	2.50									
BOARD MEMBER		Х						0.	0.	0.
(6) FINEKE BRASSER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) EVELYN LIU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SARA WESTBROOK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PAULETTE WITTWER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KEVIN KAUFMAN	1.00									
BOARD MEMBER	0.50	Х						0.	0.	0.
(11) ANDREA DUBIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TYRONE HARVEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) WILL HARRIS	40.00									4 0 0 0 -
DEPUTY DIRECTOR	0.50			X	<u> </u>			64,182.	0.	18,905.
(14) SHANNON SINGLETON	40.00	-		<u>-</u> -					•	10 001
EXECUTIVE DIRECTOR	0.50	-		X				85,741.	0.	13,324.

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Form 990 (2018)

Form	rm 990 (2018) JOIN 93-1090005 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list apy	ek Provide Pro			rson i	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizat d relate anizatie	e ion ed
									140.002				0.0	
с	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							149,923. 0. 149,923.		0. 0. 0.		2,2: 2,2:	0.
2	Total number of individuals (including but n compensation from the organization							o re		000 of reportable			,	0
3	Did the organization list any former officer,	director, or tru	istee	e, ke	ey en	nplo	yee,	or l	highest compensated er	nployee on	[Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		x x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	Isati	on fr	rom	any	unre	late	ed organization or individ	lual for services		4 5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	npensated ind	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	tion fro	om	
	the organization. Report compensation for t (A) Name and business					rith c	or wi	thin	the organization's tax y (B) Description of s			(;) nsatio	
		autress	INC	ONE	<u> </u>				Description of s			ompe	Isatio	
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than			000	
												Form	990 (2	2018)

t VII						93-109	
	Check if Schedule O conta	ains a response	<u>or note to any l</u> ine	e in this Part VIII	<u></u>	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns	1a					
	Membership dues						
с	Fundraising events		74,055.				
	Related organizations						
	Government grants (contributi		6,999,464.				
	All other contributions, gifts, grant						
	similar amounts not included abov		6,088,052.				
q	Noncash contributions included in lines 1						
	Total. Add lines 1a-1f			13,161,571.			
			Business Code				
2 a	IMMERSION		900099	10,219.	10,219.		
b					,		
c							-
d							
e							
f	All other program service reve	ามค					
	Total. Add lines 2a-2f		-	10,219.			
3	Investment income (including			,			
•	other similar amounts)			12,189.			12,1
4	Income from investment of tax			,			<u> </u>
5	Royalties		· F				-
5	noyanies	(i) Real	(ii) Personal				
6 a	Gross rents	277.					
	Gross rents	0.					
	Rental income or (loss)	277.					
				277.			2
		(1) Coordination		211.			2
7 a	Gross amount from sales of	(i) Securities	(ii) Other 450.				
	assets other than inventory		430.				
D	Less: cost or other basis		810.				
	and sales expenses		-360.				
	Gain or (loss)			-360.			- 3
	Net gain or (loss)			500.			
8 a	Gross income from fundraising including \$74,						
	contributions reported on line	,	31,293.				
L	Part IV, line 18						
	Less: direct expenses			645.			6
	Net income or (loss) from fund	-	▶	045.			
9 a	Gross income from gaming ac						
L	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gam	•	▶				
iu a	Gross sales of inventory, less i						
	and allowances						
	Less: cost of goods sold						
С	Net income or (loss) from sales						
	Miscellaneous Revenue	9	Business Code	0.650			
	MISCELLANEOUS REVENUE		900099	2,652.			2,6
b							
С							
				-			
е	Total. Add lines 11a-11d			2,652. 13,187,193.			
					10,219.	A	. 15,4

0000	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respons	(his Part IX (B)	(C)	<u>A</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGS	general expenses	схрензез
	-				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,991,132.	3,991,132.		
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,				
5	-	182,152.	122,448.	47,570.	12,134.
•	trustees, and key employees	102,152.	122,110.	=1,570•	12,134.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,594,863.	1,072,114.	416,505.	106,244.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	294,758.	198,145.	76,977.	19,636.
10	Payroll taxes	162,793.	109,434.	42,514.	10,845.
		102//001	100/1010	12,3110	10,0130
11	Fees for services (non-employees):				
	Management				
	Legal				
С	Accounting	22,490.	22,338.	118.	34.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
α	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	1,057,530.	1,050,389.	5,533.	1,608.
12					
	Advertising and promotion	133,010.	38,668.	67,891.	26,451.
13	Office expenses	133,010.		07,091.	20,431.
14	Information technology				
15	Royalties	400.007	115 100	10.001	
16	Occupancy	133,807.	117,120.	12,931.	3,756.
17	Travel	66,960.	66,960.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	992.	644.	278.	70.
20 21	Payments to affiliates				
		21,284.	14,545.	5,178.	1,561.
22	Depreciation, depletion, and amortization	22,329.	15,088.	5,611.	1,630.
23	Insurance	44,343.	10,000.	5,011.	I,030.
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.) BOARD AND STAFF DEVELOP	25,162.	18,747.	4,971.	1,444.
а	BOARD AND STAFF DEVELOP	23,102.	10,/4/.	4,9/1.	1,444.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,709,262.	6,837,772.	686,077.	185,413.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				
-					Earm 990 (2019)

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Form **990** (2018)

Form 990 (2018) Part IX Statement of Functional Expenses

JOIN

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2018)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

JOIN

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

Cash - non-interest-bearing

(B) End of year

919,529.

(A) Beginning of year

789,175.

					5,096,071.
Savings and temporary cash investments			134,161.	2	127,444.
Pledges and grants receivable, net			1,053,988.	3	1,168,308.
Accounts receivable, net			1,055,900.	4	1,100,300.
Loans and other receivables from current and for					
trustees, key employees, and highest compensat		-			
Part II of Schedule L				5	
Loans and other receivables from other disqualifi	•				
section 4958(f)(1)), persons described in section					
employers and sponsoring organizations of secti				•	
employees' beneficiary organizations (see instr).	-			6	
Notes and loans receivable, net				7	
Inventories for sale or use			20,573.	8	8,323.
			20,575.	9	0,323.
Land, buildings, and equipment: cost or other		112 620			
basis. Complete Part VI of Schedule D		<u>442,638.</u> 110,047.	200 566	10	222 501
Less: accumulated depreciation			299,566.	10c	332,591.
Investments - publicly traded securities				11	
Investments - other securities. See Part IV, line 1				12	
Investments - program-related. See Part IV, line 1				13	
Intangible assets				14	
Other assets. See Part IV, line 11			2,297,463.	15	7 652 266
Total assets. Add lines 1 through 15 (must equa				16	7,652,266.
Accounts payable and accrued expenses			286,326.	17	163,198.
Grants payable				18	
Deferred revenue				19	
Tax-exempt bond liabilities		_ · · · _		20	
Escrow or custodial account liability. Complete F				21	
Loans and other payables to current and former					
key employees, highest compensated employees					
				22	
Secured mortgages and notes payable to unrelat				23	
Unsecured notes and loans payable to unrelated				24	
Other liabilities (including federal income tax, pay					
parties, and other liabilities not included on lines	17-24). (Complete Part X of	2 200		2 200
Schedule D			2,200.	25	2,200.
			288,526.	26	165,398.
Organizations that follow SFAS 117 (ASC 958)		here 🕨 🔽 and			
complete lines 27 through 29, and lines 33 and	34.		1 714 500		7 007 256
Unrestricted net assets			1,714,588.	27	7,087,356. 399,512.
Temporarily restricted net assets			294,349.	28	399,312.
-	·····		29		
Organizations that do not follow SFAS 117 (AS	check here ▶				
and complete lines 30 through 34.					
Capital stock or trust principal, or current funds		30			
Paid-in or capital surplus, or land, building, or eq			31		
Retained earnings, endowment, accumulated inc		32	7 400 000		
Total net assets or fund balances			2,008,937.	33	7,486,868.
Total liabilities and net assets/fund balances	2,297,463.	34	7,652,266.		

Form 990 (2018)

Form	990 (2018) JOIN	93-1	090005	Pag	_{ge} 12			
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	13,187					
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,709					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,008	3,9	<u>37.</u>			
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						
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	7,486	5,8	68.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?		2b	Х				
	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 X 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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
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			1			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
			_ (

Form **990** (2018)

SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of	the organization				e latest li		Employer	identification number			
	JOIN							3-1090005			
Part I	Reason for Public (All organizations must co	omplete thi	s part.) Se	e instructions	S.				
The organ 1 2 3 4	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Forn anization described in s e	l in section 1990 or 99 ection 170	n 170(b)(1 90-EZ).) (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,			
	city, and state:	·									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 🗌 7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
8 9	A community trust describe An agricultural research org or university or a non-land-g university:	ganization described	in section 170(b)(1)(A)(ix) operate	-		-	-			
10	university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11 🛄 12 🛄 a 🗌	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting 										
b	organization. You must c Type II. A supporting org control or management o organization(s). You mus	anization supervised If the supporting orga	or controlled in connect anization vested in the sa			-		-			
c	Type III functionally inte its supported organization						ly integrate	d with,			
d	 Type III non-functionally that is not functionally int requirement (see instructionally int Check this box if the organization) 	vintegrated. A suppregrated. The organizions). You must con	orting organization oper ation generally must sat nplete Part IV, Sections	ated in con isfy a distri A and D,	nnection with the second se	vith its suppor puirement and V.	an attentiv				
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.						
	er the number of supported o	•									
g Pro	vide the following informatior (i) Name of supported organization	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)			
 Total											

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

Schedule A (Form 990 or 990-EZ) 2018 JOIN

93-1090005 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3181529.	4246885.	4414387.	6557547.	13161571.	31561919.
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	3181529.	4246885.	4414387.	6557547.	13161571.	31561919.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						31561919.
	tion B. Total Support						51301919.
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3181529.	4246885.	4414387.	6557547.	13161571.	31561919.
	Gross income from interest,	51015251	12100051	111100/1	00070170		513019191
0	dividends, payments received on						
	securities loans, rents, royalties,	38,024.	18,717.	16,347.	2,904.	12,466.	88,458.
•	and income from similar sources	30,0240	10,717.	10,547.	2,504.	12,400.	00,400
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	110,978.	15,602.	11,089.	9,006.	2 207	149,972.
	assets (Explain in Part VI.)	110,970.	15,002.	11,009.	9,000.		31800349.
	Total support. Add lines 7 through 10		`				105,510.
	Gross receipts from related activities,		,				105,510.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi	o here	centage				
	-			. (*)			99.25 %
	Public support percentage for 2018 (li		-			14	
	Public support percentage from 2017					15	98.63 %
16a	33 1/3% support test - 2018. If the c	•			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		0				
b	33 1/3% support test - 2017. If the c				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			=	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						e
	organization meets the "facts-and-circ		•	•	,		▶∐
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 JOIN Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	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								
3	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 disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(6	e) 2018	(f) Total	
9	Amounts from line 6							ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c	:)(3) organiza	ition,	
_	check this box and stop here							<u></u>	
Sec	tion C. Computation of Public	c Support Pe	rcentage						
	Public support percentage for 2018 (li			column (f))		15			%
	Public support percentage from 2017					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20			ine 13, column (f))		17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2018. If the						b, and line 17		
-	more than 33 1/3%, check this box an	-	•					····· • •	
b	33 1/3% support tests - 2017. If the								
•••	line 18 is not more than 33 1/3%, check							P L	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł				<u> </u>	
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

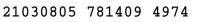
Part IV Supporting Organizations

(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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10b 10b 2018 Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 JOIN	93-109000	5 Pa	age 5
Par	t IV Supporting Organizations (continued)		_	
			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		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			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			
Soci	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec				
			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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
c a	L The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government ent Activities Test. Answer (a) and (b) below.	ity (see instructions	y. Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Tes	No
а				
	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
U	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	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025		e A (Form 990 or 9	90-F7	2018
	Concade		,	

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1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in l	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	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 JOIN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990 EZ) 2018 JOIN			3-1090005 Page
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	1
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose			
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)
Section 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 distributions of phot years 			
c Remainder. Subtract lines 4a and 4b from 4.			
 5 Remaining underdistributions for years prior to 2018, if 			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 JOIN	93-1090005 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,

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Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

** PUBLIC DISCLOSURE COPY *

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

	JOIN	93-1090005
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when 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 *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of or	rganization		Employer identification number
JOIN			93-1090005
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$ <u>5,088,03</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

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

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Name of or	rganization		Employer identification number
JOIN			93-1090005
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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

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

Name of o	organization		Employer identification number				
JOIN			93-1090005				
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	(a) through (e) and the following line e , charitable, etc., contributions of \$1,000	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of g	jift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	jift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g					
-	Transferee's name, address, 	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
323454 11-08	l 3-18		Schedule B (Form 990, 990-EZ, or 990-PF) (201				

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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga	nization			E E	mployer identification number
		JOIN		93-1090005		
Pa	art I-A	Complete if the org	anization is exempt under	section 501(c) or	r is a section 527	organization.
2	Political	campaign activity expendit	ration's direct and indirect political ures ign activities		Þ	
Pa	art I-B	Complete if the org	janization is exempt under			
1	Enter the	e amount of any excise tax	incurred by the organization under	section 4955		► \$
2	Enter the	e amount of any excise tax	incurred by organization managers	under section 4955		►\$
			n 4955 tax, did it file Form 4720 fo			
4a	a Was a co	prrection made?				Yes No
		describe in Part IV.		504 (a)		
	art I-C		anization is exempt under			
			d by the filing organization for section			\$
2			ization's funds contributed to othe	-		
					P	►\$
3			. Add lines 1 and 2. Enter here and	,		
4			1120-POL for this year?			
5			nployer identification number (EIN) tion listed, enter the amount paid f			
			omptly and directly delivered to a s			•
			additional space is needed, provide			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	s contributions received and

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Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018						1090005 Page 2
Part II-A Complete if the orga	anizatio	on is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
expenses, and share	e of exces	s lobbying	expenditures).	in Part IV each affiliated g	group member's nan	ne, address, EIN,
B Check ► if the filing organizat	Ion check	ed box A al	nd "limited control" pr	ovisions apply.		(b) Affiliated group
		oying Expe leans amou	nditures ints paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a leç	gislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	d 1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	s (add line	s 1c and 1d)			
f Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e) .		
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000			00 plus 5% of the exc			
Over \$17,000,000						
· · · · · ·		,				
g Grassroots nontaxable amount (ent	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	o or less. e					
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer						
reporting section 4911 tax for this						Yes No
(Some organizations th		4-Year Av	eraging Period Unde	r Section 501(h)		
			ate instructions for I	•		
	Lobl	oying Expe	nditures During 4-Ye	ear Averaging Period		_
Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (F	Form 990 or	990-EZ) 2018	JOIN
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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?	X			0.
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6	5,682.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			0.
i	Total. Add lines 1c through 1i			6	5,682.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		·		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5),	or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes.") Part		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	lines 1 ar	1d 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

21030805 781409 4974

SCHEDULE D

Department of the Treasury Internal Revenue Service

90)
90)

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.



e o	f the	organization	
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Nam	e of the organization JOIN	Employer identification number 93-1090005
Pa		
Га		Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(h) Funda and other accounts
-		(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 assets held in donor advised fund	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	
De	impermissible private benefit?	
Pa		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	zation 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, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	on easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
•		()
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
9		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	anization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	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 in its revenue statement and ba	alance sheet works of art, historical
2	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	
	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 similar assets for financial gain, p	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	Revenue included on Form 990, Part VIII, line 1	▶ \$
<u>u</u>	Assets included in Form 990, Part X	▶ \$

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Schedule D (Form 990) 2018

28 2018.04010 JOIN

Sche	dule D (Form 990) 2018 JOIN							93-10			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	contii	<u>ued)</u>	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing tha	t are a si	gnificant u	ise of its c	ollection	items	i
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	b Scholarly research e Other										
с	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other 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	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amoun	<u>t</u>	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance						1 f		Yes		No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.							∟			
Par							10				<u>_</u>
		(a) Current year		rior year	(c) Two yea		(d) Three	ears hack	(e) Fou	vears	hack
1a	Beginning of year balance		(6)1	nor year		15 DUCK		ours buck		yours	DUCK
b	Contributions										
c	Net investment earnings, gains, and losses									-	
d	Grants or scholarships									-	
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		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	tion that	t are held ar	nd administe	red for th	ne organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investn		.,	or other (other)		ccumulate	ed	(d) Boo	k value	e
1a	Land										
	Buildings				1,558.		59,7			1,82	
	Leasehold improvements				4,583.		18,0			<u>6,5</u> 2	
d	Equipment				<u>9,497.</u>		15,2		2	4,24	
	Other				7,000.		17,0	00.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X, colum	n <u>n (B), line 1</u>	0c.)				33	2,59	91.

Schedule D (Form 990) 2018

Part VII	Investments -	Other S	Securities.
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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.)	

Other Liabilities. Part X

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

(a) Description of liability

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEPOSITS HELD	2,200.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 900 Part X, col. (B) line 25)	2,200.

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

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(b) Book value

Sche	dule D (Form 990) 2018 JOIN		93-1090005 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts with Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5
Pa	t 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.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISION OF FASE ASC TOPIC OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT

REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS

OF THIS TOPIC.

832054 10-29-18

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2018
Attach to Farm 900 or Farm 900 EZ								Open to Public
Department of the Treasury Internal Revenue Service Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection
Name of the organization							Employer ide	entification number 005
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
· · · · ·	complete this part		a aatii					
	 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants 							
—	email solicitations			-	nment grants			
c 🗌 Phone solici	tations	g 🔛 Special						
d 🗌 In-person so	licitations							
		or oral agreement with any individual				tees,		—
• • •		art VII) or entity in connection with pr			-			
compensated at le		viduals or entities (fundraisers) pursua organization.		agree	ments under which ti	le lui		3
	····· · · · · · · · · · · · · · · · ·							
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr have c	Did aiser	(iv) Gross receipts	tò (Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(ii) Activity	or con contrib	ntrol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
 List all states in white or licensing. 	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
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832081 10-03-18

 Schedule G (Form 990 or 990 EZ) 2018 JOIN
 93-1090005 Part

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 HULLABALOO	(b) Event #2	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	COI. (C))
	1	Gross receipts	105,348.			105,348
	2	Less: Contributions	74,055.			74,055
	3	Gross income (line 1 minus line 2)	31,293.			31,293
	4	Cash prizes				
	5	Noncash prizes				
DELISES	6	Rent/facility costs	6,772.		823.	7,595
Ulrect Expenses	7	Food and beverages	16,499.		808.	17,307
<u>ב</u>	8	Entertainment				<u>1,675</u> 4,071
	9	Other direct expenses			4,071.	
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			30,648
_	11 rt I	II Gaming. Complete if the organization	line 3, column (d)			
'a	11		line 3, column (d)			645 (d) Total gaming (add
'a	11	II Gaming. Complete if the organization	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
aniavan	11 rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
a evenue	11 rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
Pa enue	<u>11</u> rt I 2 3	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add col. (a) through col. (c
	<u>11</u> rt I 2 3 4	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re	eported more than	645 (d) Total gaming (add
aniavan	11 rt I 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	645 (d) Total gaming (add
a evenue	11 rt I 2 3 4 5	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	645 (d) Total gaming (add
aniavan	11 rt I 2 3 4 5 6 7	Image: Gaming: Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (c) Bingo <td>990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming Yes% No</td> <td>645 (d) Total gaming (add</td>	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	645 (d) Total gaming (add
	11 rt I 2 3 4 5 6 7 8	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (c) Bingo (a) Bingo (b) Bingo (c) Bingo <td>990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming Yes% No</td> <td>645 (d) Total gaming (add</td>	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	645 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 JOIN 93	-109000	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes	s 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	5 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
d	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?		
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lines §	9b. 10b.
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, , ,

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Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDU			arants and Oth					OMB No. 1545-0047
(Form 99	0)		vernments, ar ete if the organizatio					2018
	of the Treasury	Comp	-	Attach to For	m 990.			Open to Public
Internal Reve			Go to www.in	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of t	the organization JOIN							Employer identification number $93 - 1090005$
Part I	General Information on Grants							
crite	es the organization maintain records eria used to award the grants or ass	istance?						
	scribe in Part IV the organization's p							
Part II	Grants and Other Assistance to					anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a)	recipient that received more than Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	eo. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er total number of section 501(c)(3)							
	er total number of other organization							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018) JOIN

93-1090005

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING PLACEMENT	1462	903,508.	0.		
OUSING STABILIZATION	10652	3,087,624.	٥.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THESE ARE NOT "GRANTS". THESE AR	E INDIVIDU	JAL PROVISI	ONS OF SUP	PORTIVE	
SERVICES TO HELP HOMELESS PEOPLE '	TRANSITION	I OFF THE S	TREET. TH	E	

OVERWHELMING BALANCE OF THIS EXPENSE IS FOR HOUSING DEPOSIT AND RENT.

ASSISTANCE IS PROVIDED IN THE FORM OF DIRECT PAYMENT TO THE LANDLORD, NOT

TO THE INDIVIDUAL. WE DO TRACK EFFECTIVENESS AND SUCCESS QUARTERLY AND

REPORT HOUSING STATUS AS A "HOUSING RETENTION RATE" IDENTIFYING OF THE

TOTAL NUMBER HOUSED 3, 6, AND 12 MONTHS PREVIOUSLY REMAIN HOUSED.

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.



Employer identification number 93 - 1090005

JOIN

FORM 990, PART VI, SECTION A, LINE 1:

AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION IS DELEGATED TO AN EXECUTIVE COMMITTEE WHERE AN IMMEDIATE RESPONSE IS NECESSARY. ALL THESE DECISIONS ARE REVIEWED BY THE FULL BOARD. THIS COMMITTEE IS MADE UP OF THE OFFICE HOLDERS OF THE BOARD (PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY AND THE EXECUTIVE AS A NON-VOTING MEMBER)

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE REVIEWED AFTER SUBMISSION BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. JOIN'S FINANCIAL AUDIT HAS ALREADY BEEN PRESENTED TO THE BOARD.

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

IN SETTING THE EXECUTIVE DIRECTORS COMPENSATION LEVEL A 3RD PARTY

CONSULTANT WAS ENGAGED MANAGE THE HIRING PROCESS INCLUDING SUGGESTIONS

ABOUT COMPENSATION LEVELS BASED ON HER EXPERIENCE AND IN PRESENTING

COMPARATIVE LEVELS AT LIKE AGENCIES IN TERMS OF SIZE, BUDGET, WORKFORCE,

AND MISSION. THESE DISCUSSIONS AND FINAL DECISION BY THE FULL BOARD OF

DIRECTORS WAS CONTEMPORANEOUSLY SUBSTANTIATED IN THE BOARD MINUTES. ALL

OTHER SALARIES ARE SET ON BASE ENTRY WAGE WITH A BONUS FOR YEARS OF

APPLICABLE EXPERIENCE. COMPARATIVE DATA IS USED AND LEVELS ARE APPROVED BY

THE BOARD OF DIRECTORS. THERE IS NO INDEPENDENT REVIEW.

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

UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization JOIN	Page Employer identification numb 93-1090005
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,050,389.
MANAGEMENT AND GENERAL EXPENSES	5,533.
FUNDRAISING EXPENSES	1,608.
TOTAL EXPENSES	1,057,530.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,057,530.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
832212 10-10-18 Sc	hedule O (Form 990 or 990-EZ) (20

832161 10-02-18 LHA

40

Schedule R (Form 990) 2018

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number 93-1090005

JOIN

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

						-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HALSEY CENTER - 27-3281112	ACQUIRE AND HOLD REAL						
1435 NE 81ST AVE, SUITE 100	PROPERTY FOR JOIN'S						
PORTLAND, OR 97213	BENEFIT	OREGON	501(C)(3)	LINE 12B, II	иоти	x	
]						
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No. 1545-0047

2018

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	Part IV, line 34	, because it had one or more related
Fartin	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1) (1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, income end-of-year allocations?			Code V-UBI amount in box 20 of Schedule	Genera managi partne	or Percentage ownership		
		country)		sections 512-514)			Yes	No		Yes N	0
	1										
	-										
	-										
	1										
	-										
	-										
	4										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?	
		country)		0				Yes N		
									\square	

Schedule R (Form 990) 2018 JOIN

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)		x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	X	
Sharing of paid employees with related organization(s)			+
p Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)			
	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HALSEY CENTER	ĸ	57,000.	
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 JOIN

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		(6	a)	(f)	(g)	()	n)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	all rs sec	Share of	Share of		• , opor-	Code V-UBI	Genera			
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(c)		(e) Are all partners sec 501(c)(3) orgs.?		total	end-of-year	Dispropor- tionate allocations?		amount in box 20	manag	^{ing} ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes	10		
			, , , , , , , , , , , , , , , , , , ,											
												_		
												1		
				1	l			1						

Schedule R (Form 990) 2018

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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	JOIN		T	on Unvolate		93-109	000!	5
Form	990-W	Income	e foi	Tax-Exemp	ed Business ot Organizati	ons		OMB No. 1545-0976
Depar	r ksheet) tment of the Treasury al Revenue Service	(and ► Go to www.irs	on Inv .gov/F	estment Income for F form990W for instruction	Private Foundations) tions and the latest in the Internal Revenue	FORM 990- Iformation.	T	2019
1	Unrelated business taxab	le income expected in the tax y	ear				1	
2	Tax on the amount on lin	ne 1. See instructions for tax co	omputa	tion			2	
3	Alternative minimum tax	for trusts. See instructions					3	
4	Total. Add lines 2 and 3						4	
5	Estimated tax credits. Se	e instructions					5	
6	Subtract line 5 from line	4					6	
7	Other taxes. See instruction	ons					7	
8	Total. Add lines 6 and 7						8	
9	Credit for federal tax paid	I on fuels. See instructions					9	
10 a		8. Note: If less than \$500, the c Private foundations, see instruc	-		1 1			
	Enter the tax shown on the zero or the tax year was the and enter the amount from the tax year was the amount from the amount	te 2018 return. See instructions for less than 12 months, skip th m line 10a on line 10c	s. Caut i iis line	on: If	10b	1,939.		
C	2019 Estimated Tax. Ent from line 10a on line 10c	ter the smaller of line 10a or line					10c	1,960.
				(a)	(b)	(C)		(d)
11	Installment due dates. S	See instructions	11			09/16/1	9	12/16/19
12	Required installments. I columns (a) through (d). the organization uses the installment method, the a	. But see instructions if annualized income						
	installment method, or is	a "large organization."	12			1,4	70.	490.
13	2018 Overpayment. See	instructions	13					
<u>14</u> LHA	Payment due (Subtract I For Paperwork Reduct	ine 13 from line 12)	14 Is.			1,4	70.	490. Form 990-W (2019)

Form 990-	т	E		anization Bus				e Tax	Return	· -	OMB No. 1545-0687	
		For cal		year beginning							2018	
		For cal		/w.irs.gov/Form990T for in				formation		— ·	2010	
Department of the Internal Revenue S	Treasury Service			bers on this form as it may						0 50	pen to Public Inspection 01(c)(3) Organizations On	for Ily
A X Check addres	box if ss changed		Name of organization (Check box if name c	hanged	and see instru	uctions	S.)			/er identification number yees' trust, see tions.)	
B Exempt und	ler section	Print	JOIN							93	8-1090005	
X 501(C)	(3)	or Type		om or suite no. If a P.O. bo>	k, see in	structions.					ed business activity code structions.)	е
408(e) [220(e)	Type	PO BOX 164							-		
408A 408A 529(a)	530(a)		PORTLAND,	rovince, country, and ZIP or OR 97292	r foreig	n postal code						
C Book value of a at end of year 7	all assets		F Group exemption nu	mber (See instructions.)								
				ype 🕨 🚺 501(c) corp		50	1(c) tr		401(a)		Other trus	<u>t</u>
		•	tion's unrelated trades o		1				only (or first) un			
			EE STATEMEN				-		plete Parts I-V.			
			•	ious sentence, complete Pa	rts I an	d II, complete	a Sch	edule M fo	or each addition	al trade c	or	
business, the				n affiliated group or a paren	t cubci	diany controlle	od arou	un?		Yes	X No	—
			ifying number of the par		11-20021	ulary controlle	su groi	nh	F L	165		
			VILL HARRIS				Te	elephone r	number 🕨 5	03-2	232-7052	
			le or Business In	icome		(A) Inc			(B) Expenses		(C) Net	
1a Gross rec	eipts or sale	s										
b Less retu	rns and allov	vances		c Balance ►	1c							
2 Cost of g	oods sold (S	chedule	A, line 7)		2							
					3							
					4a			_				
				rm 4797)	4b			_				
				· · · · · · · · · · · · · · · · · · ·	4c			_				
				(attach statement)	5							
					6 7							—
				d organization (Schedule F)	8							
				organization (Schedule G)								
					10							
					11							_
			is; attach schedule)		12							_
13 Total. Co	ombine lines	3 throu	gh 12		13			0.				
				ere (See instructions fo								
				ist be directly connected								
				hedule K)						14		
										15		
										16		—
										17 18		—
										19		
20 Charitab	le contributio	ons (See	e instructions for limitation	on rules)						20		—
							21					—
				ere on return		r				22b		
										23		_
24 Contribu	itions to defe	erred co	mpensation plans							24		
25 Employe	e benefit pro	grams								25		
26 Excess e	exempt exper	nses (Sc	hedule I)							26		
										27		
28 Other de	eductions (at	tach sch	edule)							28		<u> </u>
				ing lang dadugting Cubbood						29).
				ing loss deduction. Subtract				\		30	0	•
	•	•	• •	beginning on or after Januai from line 30	•			,		31 32	0).
			work Reduction Act Not								Form 990-T (20	
				4	<i>c</i>							

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Form 990-T				93-10	90005	Page 2
Part I	I Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income compu	ed from all unrelated trades or businesses	s (see instructio	ons)	33	0.
34					34	10,234.
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see ir	nstructions)		35	
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from the	he sum of			
					36	10,234.
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line	e 37 from line 36. If line 37 is greater than	line 36,			
					38	9,234.
Part I	/ Tax Computation					
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		►	39	1,939.
40	Trusts Taxable at Trust Rates. See instructions for	r tax computation. Income tax on the amo	unt on line 38 t	from:		
	Tax rate schedule or Schedule D (Fo	rm 1041)		►	40	
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru	ctions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh				44	1,939.
Part V	Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a			
b	Other credits (see instructions)		45b			
C	General business credit. Attach Form 3800		45c			
d	Credit for prior year minimum tax (attach Form 88					
	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	1,939.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 (Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	1,939.
49	2018 net 965 tax liability paid from Form 965-A or				49	0.
50 a	Payments: A 2017 overpayment credited to 2018		I I			
	2018 estimated tax payments					
	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d			
	Backup withholding (see instructions)					
	Credit for small employer health insurance premiu					
	Other credits, adjustments, and payments:					
·		ther Total	► 50g			
51	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if F				52	81.
53	Tax due. If line 51 is less than the total of lines 48				53	2,020.
54	Overpayment. If line 51 is larger than the total of l	ines 48, 49, and 52, enter amount overpaid	d	►	54	
55	Enter the amount of line 54 you want: Credited to			Refunded 🕨	55	
Part V			tion (see in	nstructions)		
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signat	ture or other au	uthority		Yes No
	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	ation may have	to file		
	FinCEN Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of	the foreign co	untry		
	here 🕨					X
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of, (or transferor to	, a foreign trust?		X
	If "Yes," see instructions for other forms the organ	zation may have to file.				
58	Enter the amount of tax-exempt interest received o	r accrued during the tax year 🕨 \$				
_	Under penalties of perjury, I declare that I have examined				edge and belief,	it is true,
Sign	correct, and complete. Declaration of preparer (other tha		Parer ride driy KNC		May the IDC dia	cuss this return with
Here		DEPUT	Y DIREC	CTOR	the preparer sho	
	Signature of officer	Date Title			instructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self- employed		
Prepa	rer SANG AHN					540880
Use C				Firm's EIN	► <u>9</u> 3-	0900579
	520 SW YAM					
	Firm's address PORTLAND ,	OR 97204		Phone no.		227-0581
823711 01-	09-19				Fo	orm 990-T (2018)
		47				

Form 990-T (2018) **JOIN**

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory v	aluation 🕨 N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor				from line 5. Enter here				
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A ()	with respect to		es No
b Other costs (attach schedule)				property produced or a	`	•		
5 Total. Add lines 1 through 4b				the organization?				
Schedule C - Rent Income (I		Property and	Per		ease	d With Real Prope	rty)	
(see instructions)						-		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the perc rent for personal property is more t 10% but not more than 50%)	entage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the incon 2(b) (attach schedule)	ne in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)		•		
						3. Deductions directly conne		
			2	 Gross income from or allocable to debt- 	(2)	to debt-financed Straight line depreciation	<u> </u>	tiono
1. Description of debt-fina	anced property			financed property	("	(attach schedule)	(b) Other deductions (attach schedule)	
(1)			+					
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	(Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable dec (column 6 x total o 3(a) and 3(of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A).	Enter here and on Part I, line 7, colu	
Totals						0.		0.
Total dividends-received deductions inc					1	►		0.
							1	

Form **990-T** (2018)

823721 01-09-19

Form 990-T (2018) JOIN									93-10	9000	5 Page 4
Schedule F - Interest, /	Annuities	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	s)
				Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organizat	ion	2. Em identifi num	ication		elated income instructions)	4. Tot payn	al of specified nents made	includ	t of column 4 ed in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
_(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		related incon e instruction		9. Total	of specified payr made	nents	10. Part of colu in the controlli gross	mn 9 that ing organ s income	ization's	11. De with	ductions directly connected income in column 10
_(1)											
_(2)											
_(3)											
(4)											
	1						Add colun Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									0.		0.
Schedule G - Investme						17) Oro	anization		0.		0.
(see inst			Scotion	001(0)(1	, (0), 01 (
1. Desc	ription of incon	ne			2. Amount of	income	3. Deductio directly conne (attach scheo	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals				►		0.					0.
Schedule I - Exploited	Exempt /	Activity	Incom	e, Other	Than Adv	/ertisin	g Income				
(see instru	uctions)				-						
1. Description of exploited activity	2. Gr unrelated b income trade or b	from	directly of with proof un	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attribut colu	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(2) (3)											
(4)											
<u> </u>	Enter here page 1, line 10, c	Part I, col. (A).	page	ere and on 1, Part I, , col. (B).		1					Enter here and on page 1, Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertisi			instruction								
Part I Income From	Periodica	als Rep	orted o	n a Cons	solidated	Basis					
											_
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs			e 5. Circulat income		6. Read		 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(2) (3)											
(4)											
Totals (carry to Part II, line (5))	►		0.	0	•						0.

Form **990-T** (2018)

823731 01-09-19

Form 990-T (2018) **JOIN**

93-1090005

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I 📃 🕨 🕨	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Fotals, Part II (lines 1-5) 🕨	0.	0.				0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)		
1. Name			2. Title	3. Percer time devot busines	ed to 4.00	mpensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, li	ine 14	•		•		0.

Form **990-T** (2018)

823732 01-09-19

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

DISALLOWED EMPLOYEE FRINGE BENEFITS

TO FORM 990-T, PAGE 1

JOIN

Form	2220

Underpayment of Estimated Tax by	Corpora	ations
Attach to the corporation's tax return.	FORM	990-T

OMB No. 1545-0123

2	0	1	8

Department of the Treasury Internal Revenue Service

Name		Employer ide	ntification number
JOIN		93-	1090005
Note: Generally, the c	orporation is not required to file Form 2220 (see Part II below for exceptions) because the IR	S will figure ar	ny penalty owed and
hill the corporation He	owever the corporation may still use Form 2220 to figure the penalty. If so, enter the amoun	t from nage 2	line 38 on the

any/Earm2000 for instructions and the latest information

bill the corporation. However, the corporation may still use Form 2220 to figure the pena estimated tax penalty line of the corporation's income tax return, but do not attach For	•	nt from page 2, line 38	8, on the
Part I Required Annual Payment			
1 Total tax (see instructions)		1	1,939.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term			
contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	20		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The	ne corporation		
does not owe the penalty		3	1,939.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If	the tax is zero		
or the tax year was for less than 12 months, skip this line and enter the amount from line 3	on line 5		
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required enter the amount from line 3			1,939.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are ch	ecked, the corporation must	file Form 2220	
even if it does not owe a penalty. See instructions.			
6 The corporation is using the adjusted seasonal installment method.			
7 The corporation is using the annualized income installment method.			
8 The corporation is a "large corporation" figuring its first required installment based on the corporation of the corporation	he prior year's tax.		

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)			
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/18	06/15/18	09/15/18	12/15/18			
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	485.	485.	484.	485.			
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11							
	Complete lines 12 through 18 of one column before going to the next column.								
12 13	Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12	12 13							
14	Add amounts on lines 16 and 17 of the preceding column	14		485.	970.	1,454.			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.			
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		485.	970.				
17	Underpayment . If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	485.	485.	484.	485.			
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	2000	2001					
Go	Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.								

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form **2220** (2018)

FORM	990-T
Form 2220	(2018)

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the date shown on line 19	20					
1	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21					
2	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$		\$
3	Number of days on line 20 after 06/30/2018 and before 10/1/2018	23					
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$		\$
5	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25					
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) 365	26	\$	\$	\$		\$
7	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE	ATTACHED W	ORKSHEET		
B	Underpayment on line 17 x Number of days on line 27 x 6% (0.06) 365	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29					
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
1	Number of days on line 20 after 6/30/2019 and before 10/1/2019	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
3	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
5	Number of days on line 20 after 12/31/2019 and before 3/16/2020	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	-	\$
3	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns			e 34; or the comparable		38	\$ 81

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2018)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	ımber
JOIN				93-109	90005
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/18	485.	485.	61	.000136986	4
06/15/18	485.	970.	92	.000136986	12
09/15/18	484.	1,454.	91	.000136986	18
12/15/18	485.	1,939.	16	.000136986	4
12/31/18	0.	1,939.	135	.000164384	43
enalty Due (Sum of Colun	nn F).				81

* Date of estimated tax payment, withholding credit date or installment due date.

812511 04-01-18 (Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying number

Department of the Treasury Internal Revenue Service

►	File	a aanarata	application	for oooh	roturn
	FIIE	a separate	application	ior each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterme	a sidentinyi	ng number
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) o			
print	JOIN		93-10	00005		
File by the			iono	Casial as	curity numbe	
due date fo filing your return. See	iling your PO BOX 16490					er (3310)
instructions	City, town or post office, state, and ZIP code. For a f PORTLAND , OR 97292					
Enter the	e Return Code for the return that this application is for (fi	le a separat	te application for each return)			01
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
• If the • If this box 1 Ir th 2 If the 2 If the 2	equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2018 or tax year beginning the tax year entered in line 1 is for less than 12 months, o Change in accounting period	Group Exe and atta NOVE1 ganization's, an check rease	Imption Number (GEN) Ich a list with the names and EINs of MBER 15, 2019 , to file Intervention Initial return	If this is fo f all memb	r the whole g ers the exten npt organizat 	roup, check this
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.
b lf t	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and			
es	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your p	ayment witl	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawa ons.	II (direct det	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

823841 12-19-18

2018 TAX RETURN FILING INSTRUCTIONS

OREGON FORM OR-20

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

JOIN PO Box 16490 Portland, OR 97292

Prepared By:

McDonald Jacobs, P.C. 520 SW Yamhill St., Ste 500 Portland, OR 97204

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$ 609
Less: payments and credits	\$ 0
Plus: other amount	\$ 0
Plus: interest and penalties	\$ 25
Balance due	\$ 634

Overpayment:

Not applicable

Make Check Payable to:

Oregon Department of Revenue

Mail Tax Return and Check (if applicable) to:

Oregon Department of Revenue P.O. Box 14790 Salem, OR 97309-0470

Return Must be Mailed On or Before:

November 15, 2019

Special Instructions:

Include Form OR-20-V with the check or money order.

873631 11-19-18

▼ Cut Here							Cut Here 🔻
1019 01							
Form OR-20-V, C	Dregon C	orporatio	n Tax	Payment Vouc	her		
Tax year:					• P	ayment type (check only one):	
Begins: 01/01/	2018		Offi	ce use only			
Ends: 12/31/	2018	•			X	Original return	
• FEIN: 93-1090	005	_					
					Г	Extension payment	
Contact name							
WILL HARRIS						Estimated payment	
Legal name of filer on tax return							
ЛОТИ						Amended return	- Martine
Filer address						—	_ ⊡ :175434
PO BOX 16490							
City	State	ZIP code		Contact phone		Enter payment a	mount
PORTLAND		97292		(503)232 - 70)52		
150-102-172 (Rev. 10-18)					\$		634.00

200200000037040002101000000000000001975370707074075

2018 Form OR-20

Page 1 of 3, 150-102-020 (Rev. 10-18)

Oregon Department of Revenue



Office use only

Т

Oregon Corporation	Excise Tax R	leturn
--------------------	--------------	--------

	Submit original form	- <u>do not submit photocopy</u>		
Fiscal year beginning		Space for 2-D barcode	- do not writ	e in box below
Fiscal year ending				
See instructions for checkboxes.				
New name New address	OR-FCG-20			
• Extension • X Form OR-37 •	REIT/RIC			
Amended Form OR-24	IC-DISC			
Ag co-op Federal	GILTI included	1		
• Accounting period change	on federal return			
Alternative apportionment request include	ded			
Legal name		● FEIN		
JOIN		93-1090005		
• DBA/ABN		 Attn. or c/o 		
Current address		• City		●State ●ZIP code
PO BOX 16490		PORTLAND		OR 97292
Contact name		• Contact phone		
WILL HARRIS		(503)232-7052		
• Email				
Complete questions & through D only	if this is your first	roturn or the enouver change		this tox yoor
Complete questions A through D only	in this is your first		a during i	inis tax year.
• A. Incorporated in (state) Incorporated on (date)	• B. State of commercia	al domicile • C. Date business activity be	gan in Oregon	• D. Business activity code
	solidated on return	(3) Corporations included in consolidated fo	ederal return, b	ut not in Oregon return
• F. Enter name of parent corporation, if applicable		• Enter FEIN of parent corporation, if appli	icable •G. N	umber of Oregon corporations
• H. List the tax years for which federal waivers of the sta	atute of limitations are in e	ffect and dates on which waivers expire	I	
• I. List the tax years for which your federal taxable inco	ome was changed by an IR	S audit or by an amended federal return file	d during this ta	x year
● J	•	РК		
If first return, 🗌 New 🗌 Succe	essor to	If final return, 🗌 Withdrawn 🗌	Dissolve	d Merged or
indicate: business previo		indicate:		reorganized
Name of previous business	N	lame of merged or reorganized corpor	ation	
FEIN	F	EIN		
• L.	• M.			
Utility or telecommunications compani (see instructions)	ies Inter	rstate broadcaster instructions)		
N. Fill in the amount of your total Oregon sales			• N.	10,234.00

93-1090005

2018 Form OR-20 Page 2 of 3, 150-102-020 (Rev. 10-18)

	1. Taxable income from U.S. corporation income tax return (see instructions) • 1.	9,234.00
	2. Total additions from Schedule OR-ASC-CORP, Section A (see instructions) 2.	-,
	3. Income after additions (line 1 plus line 2) • 3.	9,234.00
	4. Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions) • 4.	
	5. Income before net loss deduction (line 3 minus line 4). If income is derived from sources both	
	in Oregon and other states, carry amount from line 5 to Schedule OR-AP, part 2, line 1 • 5.	9,234.00
	6. Net loss deduction if not apportioned (include schedule, enter as a positive number) • 6.	
	7. Net capital loss deduction if not apportioned (include schedule, enter as a positive number)	
	8. Enter the apportionment percentage from Schedule OR-AP, part 1, line 22;	
	enter 100.0000 if you don't apportion income 8. 100.0000 %	
	You must include Schedule OR-AP to apportion income.	
	9. Oregon taxable income (line 5 minus lines 6 and 7, or Schedule OR-AP, part 2, line 11) • 9.	9,234.00
Tax	10. Calculated excise tax (see instructions) • 10. 609.00	
	11. Schedule OR-FCG-20 adjustment (include schedule) • 11.	
	12. Total calculated excise tax (line 10 minus line 11) • 12. 609.00	
	13. Minimum tax (see instructions) • 13. 150.00	
	14. Tax (greater of line 12 or line 13) 14.	609.00
	15. Tax adjustments (see instructions, include schedule) • 15.	
	16. Tax before credits (line 14 plus line 15) 16.	609.00
Credits	17. Total standard credits from Schedule OR-ASC-CORP, Section C	
	18. Tax after standard credits (line 16 minus line 17, not less than minimum tax) 18.	609.00
	19. Total carryforward credits from Schedule OR-ASC-CORP, Section D • 19.	
Excise tax	20. Excise tax after standard and carryforward credits (line 18 minus line 19,	
	not below minimum tax; see instructions)	609.00
	21. LIFO benefit recapture subtraction (see instructions) • 21.	
	22. Net excise tax (line 20 minus line 21) 22.	609.00
	23. 2018 Estimated tax payments, other prepayments, and refundable credits	
	from Schedule ES line 8. Include payments made with extension 9 23.	
	24. Withholding payments made on your behalf from pass-through entity or	
	real estate income (include schedule)	
	25. Tax due. Is line 22 more than line 23 plus line 24? If so, line 22 minus	
	lines 23 and 24 Tax due • 25.	609.00
	26. Overpayment. Is line 22 less than line 23 plus line 24? If so, line 23 plus	
	line 24, minus line 22	
	······································	
	27. Penalty due with this return	
	27. Penalty due with this return27.28. Interest due with this return28.	
	28. Interest due with this return 28.	
	28. Interest due with this return 28. 29. Interest on underpayment of estimated tax	
	28. Interest due with this return 28. 29. Interest on underpayment of estimated tax (include Form OR-37) • 29. 25.00	25.00
	28. Interest due with this return 28. 29. Interest on underpayment of estimated tax (include Form OR-37) • 29. 25.00 30. Total penalty and interest (add lines 27 through 29) 30.	
	28. Interest due with this return 28. 29. Interest on underpayment of estimated tax (include Form OR-37) • 29. 25.00 30. Total penalty and interest (add lines 27 through 29) 30.	25.00 634.00

Oregon Department of Revenue

2018 Form OR-20

Page 3 of 3, 150-102-020 (Rev. 10-18) Oregon Department of Revenue



Schedule ES - Estimated Tax Payments, Other Prepayments, and Refundable Credits

1. O	Name of payer				
Quarter 1	● Payer's FEIN	Date paid	Amount paid • 1.		
2. Quarter 2	Name of payer	I			
	● Payer's FEIN	Date paid	Amount paid • 2.		
3. Quarter 3	Name of payer				
	● Payer's FEIN	Date paid	Amount paid • 3.		
4. Quarter 4	Name of payer				
	●Payer's FEIN	Date paid	Amount paid • 4.		
5. Overpayr	nent of another year's tax	applied as a credit against t			
6. Payments	s made with extension or o	other prepayments for this ta	ax year and date paid6.		
7. Total refu	ndable credits from Scheo	dule OR-ASC-CORP, Sectior	• 7.		
8. Total pre	payments and refundable of	credits (carry to line 23 on p	revious page)		

Unc	Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete.						
Sign here	Signature of officer	Signature of prep	Signature of preparer other than taxpayer				
nere	A Date	Date	Phone	● Lice	ense no. of preparer		
			(503)227-0581	996	53		
	Print name of officer WILL HARRIS		Print name of preparer SANG AHN				
	Title of officer DEPUTY DIRECTOR		Address of preparer 520 SW YAMHILL ST., STE 500				
		City		State	ZIP code		
		PORTLAND		DR 9	97204		
	Mail refund returns and no tax due returns to: Mail tax-to-pay returns with payment to:						
	Refund, PO Box 14777, Salem OR 97309-0960 Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470						

Include a complete copy of your federal Form 1120 and schedules. Don't staple.

2018 Form OR-37

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Office use only

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Legal name of corporation as shown on your Oregon		1090005	
Current and prior year information			
1. Current year net excise or income tax (from Form			
OR-20-INS, or OR-20-S)			609.00
2. Prior year net excise or income tax (high-income	taxpayers, see instructions)	2.	
Part I - Figuring the underpayment			
(a)	(b)	(c)	(d)
3. Enter the exception number claimed for each qua	rter: (e.g. 1, 2, 3, or 4).		
• 1	• 1	• 1	• 1
4. Required installments. Enter the lesser of lines 12,			
152.00	153.00	152.00	152.00
5. Underpayment from line 11 of preceding column.			
	152.00	305.00	457.00
6. Total tax due. Add lines 4 and 5.			COO OO
152.00	305.00	457.00	609.00
7. Estimated tax paid or credited for each period.			
8. Overpayment from line 10 of preceding column.			
9. Total tax paid. Add lines 7 and 8.			
10. Overpayment. If line 6 is less than line 9, subtract	line 6 from line 9.		
11. Underpayment. If line 9 is less than or equal to line	e 6, subtract line 9 from line 6		
152.00	305.00	457.00	609.00
Part II - Figuring the required installments			
Don't enter zero on lines 14 or 15 unless you have cor	nputed exception 3, line 14 (use	worksheet on page 2) or exception	4, line 15 (see instructions)
and calculated a loss for the quarter.			
(a)	(b)	(c)	(d)
12. Exception 1: Current year net tax.			
25% of line 1	25% of line 1	25% of line 1	25% of line 1
152.00	153.00	152.00	152.00
13. Exception 2: Prior year net tax (high-income taxpa	yers may use this exception for	the first installment only - see instruc	ctions).
25% of line 2	25% of line 2	25% of line 2	25% of line 2
14. Exception 3: Net annualized tax (from line 22).			
25% of line 22	25% of line 22	25% of line 22	25% of line 22
	20/001 III IC 22		
15. Exception 4: Recurring seasonal income (see instr	uctions).		

93-1090005

2018 Form OR-37

Page 2 of 2, 150-102-037 (Rev. 10-18)	Oregon Department of Revenue
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02	27 110	SO IO2	2 10	19	

Exception 3 worksheet - To figure annualized in	ncome		
(a)	(b)	(c)	(d)
16. Number of months in annualization period (se	e instructions).	•	•
17. Actual income for the period on line 16, less r	net losses carried forward from	prior tax years. ●	•
18. Annualization factors based on selected annu	alized period (see instructions)	-).	
19. Annualized income (line 17 x line 18).			
20. Annualized tax (see calculated tax rate in inst	ructions).		
21. Less credits corporation is entitled to for mon	ths shown in each column on	line 16. ●	•
22. Net annualized tax (use to figure line 14).			
Part III - Interest on underpayments (see instruct	ctions)		
(a)	(b)	(C)	(d)
23. Enter the amount of underpayment from line 152.00	11. If no underpayment, enter (305.00	0. 457.0	609.00
24. Date estimated payment was due.	5/15/2018	09/15/2018	12/15/2018
25. For columns (a), (b), and (c), the earlier of the			
the date the installment was paid or the due of	date of the return.		
06/15/2018 09	9/15/2018	12/15/2018	05/15/2019
26. Number of days between dates on lines 24 ar			
61	92	9	1 151
27. Interest due (number of days on line 26 x daily 1.00	y interest rates x line 23). 4 • 0 0	6.0	0 14.00
28. Total interest due (add line 27, columns (a), (b		STATEMENT 1	25.00

Enter the amount from line 28 above on the "interest on underpayment of estimated tax" line of

Form OR-20, OR-20-INC, OR-20-INS, or OR-20-S.

Include this form with your return if you owe interest or meet an exception and check the "Form OR-37" box on the return.

873262 10-31-18 **1019**

JOIN

FORI	M OR-37		COMPUTAT	FION OF UND	ERPAYMENT F	ENALTY	ST	ATEMENT 1
Q T R	EVENT AMOUNT T	YPE	REMAINING UNDERPAYMENT		DD OF PAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A		Q	152.	04/15/2018	06/15/2018	61	5.00%	1.
в		Q	305.	06/15/2018	09/15/2018	92	5.00%	4.
С		Q	457.	09/15/2018	12/15/2018	91	5.00%	6.
D		Q R	609. 609.	12/15/2018 01/01/2019			5.00% 6.00%	1. 13.
TO	TAL TO FOR	мов	R-37, LINE 28					25.
1	EVENT TYPE	~	= AMOUNT UNDE = PAYMENT OR			RTER		

P = PAYMENT OR WITHHOLDING R = INTEREST RATE CHANGE

L = SWITCH TO OR FROM A LEAP YEAR

2019 ESTIMATED TAX FILING INSTRUCTIONS

OREGON FORM OR-20-V EST

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

JOIN PO Box 16490 Portland, OR 97292

Prepared By:

McDonald Jacobs, P.C. 520 SW Yamhill St., Ste 500 Portland, OR 97204

Amount of Tax:

Total Estimated Tax	\$ 620
Less credit from prior year	\$ 0
Less amount already paid on 2019 Estimate	\$ 0
Balance Due	\$ 620

Payable in full or in installments as follows:

Voucher	Amount		Due Date
No. 1	\$	0	April 15, 2019
No. 2	\$	0	June 17, 2019
No. 3	\$	460	September 16, 2019
No. 4	\$	160	December 16, 2019

Mail Check Payable to:

Oregon Department of Revenue

Mail Voucher and Check (if applicable) to:

Oregon Department of Revenue P.O. Box 14780 Salem, OR 97309-0469

Special Instructions:

873631 11-19-18

▼ Cut Here		Cut Here 🔻
1019 01		
Form OR-20-V, Oregon Corporation Tax I	Payment Voucher	
• Tax year:	• Payment type (cl	neck only one):
Begins: 01/01/2019 Offic	e use only	
Ends: 12/31/2019	Original ret	urn
• FEIN: 93-1090005		
	Extension p	payment
Contact name		
WILL HARRIS	X Estimated p	payment
Legal name of filer on tax return		
JOIN	Amended r	eturn
Filer address		E17-0-604659
PO BOX 16490		
	e e i i de pi i e i e	ter payment amount
PORTLAND OR 97292	503)232-7052	
100-102-112 (1164. 10-10)	\$	460.00

500500000370400021¢IN00000000001475370507074072

873631 11-19-18

▼ Cut Here							Cut Here 🔻
1019 01							
Form OR-20-V, C	regon C	orporatio	n Tax	Payment Vouch	ner		
● Tax year:					Payı	ment type (check only one)	:
Begins: 01/01/	2019		Offi	ce use only			
Ends: 12/31/	2019	•				Original return	
• FEIN: 93-1090	005	_				·	
						Extension payment	
Contact name							
WILL HARRIS					X	Estimated payment	1125-125
Legal name of filer on tax return							
ИІОГ						Amended return	- Million Angel
Filer address							_ ⊡ :1770434
PO BOX 16490							
City	State	ZIP code		Contact phone		Enter payment a	mount
PORTLAND		97292		(503)232 - 70!	52		
150-102-172 (Rev. 10-18)					\$		160.00

200200000370400021¢IN00000000001475370507074072

2018 TAX RETURN FILING INSTRUCTIONS

PORTLAND/MULTNOMAH FORM ANNUAL EXEMPTION REQUEST

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

JOIN PO Box 16490 Portland, OR 97292

Prepared By:

McDonald Jacobs, P.C. 520 SW Yamhill St., Ste 500 Portland, OR 97204

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$ 0
Less: payments and credits	\$ 0
Plus: other amount	\$ 0
Plus: interest and penalties	\$ 0
No payment required	\$

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

City of Portland Revenue Division 111 SW Columbia St., Ste 600 Portland, OR 97201-5840

Return Must be Mailed On or Before:

October 15, 2019

Special Instructions:

ANNUAL EXEMPTION REQUEST FORM

CITY OF PORTLAND BUSINESS LICENSE TAX & MULTNOMAH COUNTY BUSINESS INCOME TAX

CITY OF PORTLAND

Mail or FAX completed form and tax pages to:

City of Portland Revenue Division

111 SW COLUMBIA, SUITE 600, PORTLAND OR 97201

Office: 502 922 5157 ~ EAV: 502 922 5190 ~ Web: www.portlandergan.cov/bittor

	0157 ~ FAX. 503-623-5			
BUSINESS TAX ACCOUNT #			TAX YEAR ENDING 12/31/18	
	93-1	L090005		
NAME			EMAIL ADDRESS	
JOIN MAILING ADDRESS Check if this is an		ITY	STATE/PROV ZIP/POSTAL CODE	
	addrood onlange			
PO BOX 16490		PORTLAND	OR 97292	
$oxdot$ This is my final year in business $_{(\!$	please also submit the	e Out of Business not	ification form)	
MPORTANT: Your exemption will not	be approved with	out the required s	upporting tax pages	
1. Exemptions are based on all business income	everywhere, not just in t	the City of Portland and	Multnomah County	
2. Check the reason for your exemption claim be				
3. Attach your supporting tax pages in order for y	•	rified and processed		
* Please Note: Other supporting tax pages may be	requested.			
X Gross Receipts: Business gross income (k	ofore expenses) is les	s than \$50 000 from a	I sources and locations	
Sole Proprietor:	Service expenses is les	s man \$50,000 n OIII al		
If your IRS 1040 filing status is Married I	-	include all schedules	for both spouses	
			-	
Attach IRS Form 1040 <i>(pages 1 - 2)</i> & Sch Attach IRS Form 1040 Schedule C	See Instructions			
		\$		
Attach any additional Schedule C(s) Attach IRS Form 1040 Schedule D	See Instructions	\$		
	See Instructions	\$		
Attach IRS Form 1040 Schedule E	See Instructions	\$	(mark 0 if not filed)	
Attach City of Portland Schedule R	See Instructions	۰. ۴	(mark 0 if not filed)	
Attach IRS Form 6252 & Schedule B <i>(inter</i>		es) \$	(mark 0 if not filed)	
Attach IRS Form 4797 (Sale of Business P	,	¢	(must be less that \$50,000)	
Dortnorching	TOTAL	\$	(must be less than \$50,000)	
Partnership:	Soo lootructions	¢	(mark 0 if blank)	
Attach IRS Form 1065 (pages 1 - 5)	See Instructions	\$		
Attach IRS Form 8825	See Instructions	\$	(mark 0 if not filed)	
Attach City of Portland Schedule R	See Instructions		(must be less than \$50,000)	
Correction	TOTAL	\$	(must be less than \$50,000)	
Corporation:	Cas la star still	¢	9 234 (
Attach IRS Form 1120 (pages 1 - 5)	See Instructions	\$	9,234. (must be less than \$50,000)	
Attach City of Portland Schedule R	See Instructions			
S-Corporation:				
Attach IRS Form 1120 S (pages 1 - 4)	See Instructions	\$	(mark 0 if blank)	
(pages I - 4)		Ψ		

Attach City of Portland Schedule R See Instructions TOTAL \$ (must be less than \$50,000)

Residential Rental: Attach IRS Form 1040 (pages 1-2), all pages of Schedule E, and City of Portland Schedule R

See Instructions

Less than 10 residential rentals for an individual is exempt for Multnomah County Business Income Tax ONLY beginning 1/01/2012. Any other business activity, including the sale of residential rental property, voids this exemption.

Commercial rental activity or combined commercial and residential rental activity is not exempt.

Other: (see Business License Law 7.02.400 "EXEMPTIONS") Please describe:

873831 12-31-18

Due Date: Form and the supporting tax pages are due on the 15th day of the 4th month following the tax year end (April 15 for calendar year taxfilers). You may request a six-month extension by filing the City/County extension request form.

I declare that the information on this form is true, and that I am authorized to act as a representative of the filer.

Printed Name: WILL HARRIS

Attach IRS Form 8825

Signature:

FORM AER 12/28/2018 CCH

13 2018.04010 JOIN

_____ Telephone: <u>(503</u>) 232-7052

Date:

(mark 0 if not filed)

FORM AER

REV 12/28/2018