

City of Harrisonburg APPLICATION FOR TAX EXEMPTION

FOR OFFICE USE ONLY:
PAYMENT AMOUNT:
RECEIVED ON:
CHECK NUMBER:

The information requested on this application must be filled out completely and returned to the City Manager's office on or before January 30. Include a \$50 application fee made payable to City of Harrisonburg. Applicant must pay the cost of the public hearing ad or their share if multiple applicants. Please attach a copy of your current (1) 501(c)(3) certificate; (2) By-Laws; (3) Articles of incorporation; (4) most recent financial statement (audited, if available); (5) most recently filed IRS Form 990 or 990EZ. Madison Automotive Apprentices **ORGANIZATION NAME: MAILING ADDRESS:** Harrison Surg 22807 France CONTACT PERSON AND PHONE: Type of property for which request is made (circle applicable) PERSONAL PROPERTY REAL ESTATE If requesting a personal property exemption, please attach a detailed itemized listing of the specific item(s) for which the exemption is sought. Personal Prop If requesting a real estate exemption, complete the following on each parcel for which exemption is sought: Automotive Appentices Name in which property is held Property address Map identification number Taxes paid for the preceding three (3) years 2019 would be 578.11 current rates Name in which property is held Property address Map identification number Taxes paid for the preceding three (3) years Name in which property is held Property address Map identification number Taxes paid for the preceding three (3) years

If requesting a personal property exemption, complete the following for each account for which exemption is sought:
Name assessed
Account number
Asset type and location address
Taxes paid for the preceding three (3) years
Name assessed
Account number
Asset type and location address
Taxes paid for the preceding three (3) years
Please complete the following questions as referenced in City Ordinance 4-2-17 (copy enclosed) and <i>Code of Virginia</i> § 58.1-3651.
1. Do you currently own property in the City that is already tax-exempt?
Yes No
If yes, what is the property Map ID #?
On what date was the exemption granted?
How/By whom was the exemption granted?
2. Does the organization have any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin? Yes
3. Does the organization hold a current annual alcoholic beverage license from the Virginia Alcoholic Beverage Control Board for serving alcoholic beverages on the property? If yes, please attach a copy. Yes
4. What compensation is paid to each director, officer, and employee of the organization? Executive Director \$50,000 Employee \$35,000
5. What services does each director, officer, and employee render? Exec Dic Management Scheduling Fundraising, Client interaction Social media, budgeting. Employee supports those functions
6. Does any part of the net earnings of the organization benefit any individual? If so, please explain.
No. Organised as 5016)3

	50 ((c) 3
7.	What percentage of the services provided by this organization is generated by funds received from donations,
	contributions, or local, state, or federal grants or funds? For purposes of this question, donation may include the
	providing of personal services or the contribution of in-kind or other material services.
8.	What specific services does the organization provide for the common good of the public?
	What specific services does the organization provide for the common good of the public? Education, experitiveship, automotive museum, specialized training for TMV students
9.	What percentage of the activities of the organization involves carrying on propaganda or otherwise attempting to influence legislation?
10.	Does the organization participate or intervene in any political campaign on behalf of any candidate for public office? YesNo
and/or atta	(printed name), do hereby certify that the information provided sched to this Application for Tax Exemption, is true and accurate, to the best of my knowledge. I see that knowingly providing false information will result in criminal charges pursuant to Code of Virginia §
_	acknowledge that the organization I represent may be subjected to audit by the Commissioner of the
Revenue, or	r an appointed employee of the Commissioner of the Revenue, to ensure that all information provided is
true and co	rrect.
(19 Nove 100 2010
Signature	19 November 2018 Date
Ex	e untive Director
Title	
	My commission avnivos
Notary	My commission expires:

BYLAWS Madison Automotive Apprentices, Inc.

ARTICLE I – GENERAL

Section 1. Name

The name of the corporation shall be Madison Automotive Apprentices, Inc. (the "Corporation").

Section 2. Office

The principal office of the Corporation shall be located at 1070 Virginia Avenue, Harrisonburg Va 22801 or other location as the Board of Directors of the Corporation (the "Board") shall designate.

Section 3. Adoption

These Bylaws shall become effective upon ratification, approval and formal adoption by the Board of Directors of the Corporation at its organizational meeting or any subsequent meeting.

ARTICLE II – PURPOSE

The Corporation is organized and shall be operated exclusively for the purposes defined in the Articles of Incorporation of the Corporation (the "Articles of Incorporation") and exclusively for charitable and educational purposes as may qualify it for tax exempt status under Section 501(c)(3) of the Internal Revenue Code of 1954, or its successor provisions.

ARTICLE III - MEMBERSHIP

The Corporation shall have no members.

ARTICLE IV – DIRECTORS

Section 1. General Powers

The business and affairs of the Corporation shall be managed by the Board and, except as otherwise provided by law, by the Articles of Incorporation or by these Bylaws, all of the powers of the Corporation shall be vested in the Board. The Directors shall not at any time take any action inconsistent with the purposes set forth in the Articles of Incorporation and, specifically, shall take no action prohibited by or to an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, as it now exists or may hereafter be amended. A Director's compensation, if any, and the Executive Director's compensation shall be determined and approved by the Board, after consultation with any information regarding tax-exempt organizations of a similar size and scope, review of compensation surveys compiled by independent firms, actual written offers from similar organizations, and/or any other source the Board deems reliable, all done in conformance with the Corporation's Conflict of Interest policy.

Section 2. Number and Quorum

The number of Directors shall be no less than three and no more than eleven. The size of the Board may be increased or decreased from time to time upon majority vote of the Board. A simple majority of the Directors serving at the time of any given meeting shall constitute a quorum for the transaction of business.

Section 3. Board of Directors

- a. Term: All Directors shall be elected at the Annual Meeting, which shall take place on a designated date early each year, with the exception of those Directors the Board finds it necessary to elect otherwise in accordance with these Bylaws. Directors shall hold their offices until their successors are elected and qualify. A requisite number of Directors shall be elected at each Annual Meeting for terms of three years each. All Directors will take office immediately upon election.
- b. Duties: Each Director shall support the purposes of the Corporation set forth in the Articles of Incorporation, shall attend regular Board meetings and shall serve on at least one of the Standing Committees or one of the Special Committees (each as defined in Article V, Section 5, below). Directors who miss more than three meetings in one year or who fail to actively serve on either a Standing Committee or a Special Committee may be asked to resign from the Board.

Section 4. Officers

- a. Term: The officers of the Corporation shall be a President, Vice-President, Secretary and Treasurer. The officers shall be elected annually by the Board from among its members by a simple majority vote. Each officer shall serve one year and may be reelected. Any officer of the Corporation may be removed with just cause, at any time, by resolution passed by vote of a majority of all of the Directors.
- b. Duties: The officers shall serve on the Executive Committee and shall have such duties as generally pertain to their offices, as well as such powers and duties as from time to time shall be conferred by the Directors. The Treasurer shall not be required to handle the routine expenses and bookkeeping of the Corporation.

Section 5. Committees

The Corporation shall have the following standing committees (the "Standing Committees") unless the Board of Directors determines otherwise. Each of the Standing Committees shall keep minutes of their meetings to be submitted to the Secretary of the Board at the next regular board meeting.

- a. Executive Committee shall consist of all officers, the immediate past Chair (if on the Board), and the chairperson of each of the Standing Committees. The Executive Director shall attend Executive Committee meetings. The Executive Committee shall set the agenda for Board meetings. The Executive Committee shall meet at least monthly or as required to handle emergency issues and shall work closely with the Executive Director and chairpersons of Standing Committees and the Special Committees to facilitate their duties.
- b. Finance Committee shall be chaired by the Treasurer and, in conjunction with the Executive Director, shall prepare an annual budget to be presented to the Board for approval prior to the Annual Meeting of the Members. In addition, the Finance Committee shall provide

guidance to the Board as to fiscal matters of the Corporation. Members of the Finance Committee must be Directors.

- c. Fund Development Committee shall provide leadership to the Board regarding fund development activities as deemed appropriate. This committee shall be chaired by a Director. Members of the committee may be either Directors or other persons as appointed by the Board.
- d. Special Committees In addition to the Standing Committees, special committees (any such special committees are hereinafter collectively referred to as "Special Committees") may be appointed by the Board as deemed necessary. The Executive Committee shall recommend to the Board the appointment of Special Committees it deems necessary based upon the annual strategic plan of the Corporation. Special Committees shall be formed for a duration of no more than two years, although that term may be extended by the Board for an additional one year period. Each Special Committee shall be chaired by a Director. Members of each of the Special Committees may be either Directors or other persons as appointed by the Board.

Section 6. Nominations

The Executive Committee shall serve as a nominating committee and shall present a slate of nominations for membership on the Board to the Members at the Annual Meeting. After the slate of nominees is presented, the floor shall be open for nominations for membership on the Board.

Section 7. Vacancies

Vacancies on the Board or among officers may be filled by simple majority vote of the remaining Directors.

Section 8. Meeting of Directors

Meetings of the Board shall be held at least annually, and more often at the discretion of the Board, at a time and place designated by the Chair. The Secretary or other officer shall give at least twenty-four hours notice to Board members of all Board meetings. Notice may be given personally, by mail, by telephone, or by any form of electronic transmission consented to by the Director to whom the notice is given. The Director may revoke such consent, and consent shall be presumed revoked if two consecutive attempts to give notice by that means fail. Any action of the Board may be taken without a meeting by conference call, unanimous consent, or otherwise as provided under the applicable provisions of the Virginia Code.

ARTICLE V - PERSONNEL

The Board shall authorize staff positions as required including an Executive Director who is responsible for day to day operations, including but not limited to, may recruiting, hiringe, training, evaluate, and dischargeing staff.

ARTICLE VI – INDEMNIFICATION OF DIRECTORS AND OFFICERS

Each person who is or was a Director or officer of the Corporation shall be indemnified by the Corporation against any liability as set out in the Articles of Incorporation and as specified in Section 13.1-875, et seq., of the Code of Virginia and upon the terms thereof and incurred by that person in any such capacity or arising out of that person's status as such Director or officer.

ARTICLE VII - MISCELLANEOUS PROVISIONS

Section 1. Fiscal Year

The fiscal year of the Corporation shall be January 1 through December 31 each year.

Section 2. Contracts, Checks, Notes and Drafts

Except as otherwise specifically determined by resolution of the Board of Directors, or as otherwise required by law, checks, drafts, promissory notes, order for the payment of money and other evidence of indebtedness of the corporation shall be signed by the President, Treasurer or Executive Director. If a payment is greater than \$10,000, there must be two signatures. Credit cards shall be held by the Executive Director and President only. All contracts, checks, notes, drafts and other orders for the payment of money shall be signed by and authorized by the Board of Directors or its designated officers or other representative(s). Current Designated Officers and Representatives are the Executive Director, President, Vice President, Secretary, and Treasurer.

Any expenditure over \$10,000 will require the approval and signature of the Treasurer and Executive Director.

Section 3. Amendment of Bylaws

These Bylaws may be amended, altered, or repealed by the Board at any meeting except as otherwise herein provided. Such change will take effect immediately. However, any change to the purposes of the Corporation defined in the Articles of Incorporation shall not take effect unless approved by seventy-five percent of the Board members actually elected and serving at the time of the proposed change.

The undersigned, being the initial Board of Directors of Madison Automotive Apprentices, Inc., hereby affirm and approve these Bylaws of the Corporation.

Approved:		
	Cole Scrogham	
	Kevin Borg	
	Brian Fryar	
	Danny Marshall	

Alex Smith	
Lynne Weikart	
William Wyatt	

ARTICLES OF INCORPORATION OF MADISON AUTOMOTIVE APPRENTICES, INC.

The undersigned hereby forms a non-stock corporation under the provisions of Chapter 10 of Title 13.1 of the Code of Virginia and to that end sets forth the following:

ARTICLE I NAME

The name of the corporation is Madison Automotive Apprentices, Inc. (the "Corporation").

ARTICLE II PURPOSE

The purpose for which the Corporation is formed is to provide for, among other things, the education of persons in the area of the historic preservation and restoration of automobiles, Motorsport training, Non-Profit Management, Economic Development, Grant Writing, Automotive History, Communications, Social Marketing, and Event and Project Management. Students of the program will include, but are not limited to, students enrolled at James Madison University. The Corporation will also create partner opportunities between Auto Manufacturer(s), Higher Education Institutions, Vintage Auto Clubs and Enthusiasts and other Non-Profit Organizations to promote learning for its students.

Further, the Corporation is formed to receive and maintain a fund or funds of real or personal property, or both, and, subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for religious, charitable, scientific, literary, or educational purposes either directly or by contributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and relevant Treasury Regulations.

No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to any member, director, officer, or incorporator of the Corporation or any private individual except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof. No private individual shall be entitled to share in the distribution of any of the Corporate assets on dissolution of the Corporation. No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue

Code or by any organization contributions to which are deductable under Section 170(c)(2) of the Code and relevant Treasury Regulations.

ARTICLE III DISSOLUTION

Upon dissolution of the Corporation and after paying or making provision for the payment of all of the liabilities of the Corporation, the Board of Directors shall dispose of all the Corporation's remaining assets exclusively for the purpose of the Corporation in such manner or to such organizations organized and operated exclusively for religious, charitable, scientific, literary or educational purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code as the Board of Directors upon majority vote shall determine. Any of such assets not so disposed of shall be disposed of by any court of record with general equity jurisdiction in the city or county in Virginia where the registered office of the corporation is located exclusively for such purposes or to such organization or organizations as such court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IV BYLAWS

The initial Bylaws of the Corporation shall be adopted by the Board of Directors, and the Board of Directors shall have the power to alter, amend or repeal the same or adopt new Bylaws.

ARTICLE V MEMBERS

The Corporation shall have no members.

ARTICLE VI REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Corporation, which is the same as the business office of the registered agent, which is located in the City of Harrisonburg, Virginia, is:

100 South Mason St., Harrisonburg, Virginia 22801

The initial registered agent of the Corporation is P. Marshall Yoder, whose business address is 100 South Mason St., Harrisonburg, Virginia 22801. Mr. Yoder is a resident of Virginia and a member of the Virginia State Bar.

ARTICLE VII DIRECTORS

The affairs of the Corporation shall be managed by the Board of Directors. Directors need not be residents of the Commonwealth of Virginia or members of the Corporation. The

number of Directors shall be no less than three (3) and no more than eleven (11) but otherwise shall be the number fixed by the Bylaws.

The initial Board of Directors shall consist of six (6) directors who shall each serve until their respective term ends and a successor is appointed. The Corporation's directors shall have the sole authority to appoint additional or successor directors. Such additional or successor directors may be appointed by a simple majority of the existing directors. The names and addresses of the initial directors of the Corporation are listed below:

Cole Scrogham 930 Humbert Road Crimora, VA 24431 Alex Smith
VP Emeritus
Collegiate School-Development
3004 W. Cosby Farm Lane
Richmond, VA 23235

Kevin Borg Professor, Department of History James Madison University 505 W. Bank St. Bridgewater, VA 22812 Danny Marshall VA House of Delegates Owner, Synergy Racing 183 Hawthorne Drive Danville VA 24541

Bill Wyatt Director of Communications James Madison University 127 W. Bruce Street, Room 422 Harrisonburg, VA 22807 Brian Fryar DDS 1973 Carrera RS Registry 4 Greenacres La Porte, IN 46350

ARTICLE VIII LIMIT ON LIABILITY AND INDEMNIFICATION

- 8.1 <u>Limit on Liability</u>. In every instance in which the Virginia Nonstock Corporation Act, as it exists on the date hereof be amended, permits the limitation or elimination of liability of directors or officers of a corporation to the corporation, the directors and officers of the Corporation shall not be liable to the Corporation.
- Mandatory Indemnification. The Corporation (the term "Corporation" as used in this Section 8.2 shall mean this Corporation only and no predecessor entity or other legal entity) shall indemnify any individual who is, was, or is threatened to be made, a party to a civil, criminal, administrative, investigative or other proceeding (including a proceeding by or in the right of the Corporation) because such individual is or was a director or officer of the Corporation, or of any other legal entity controlled by the Corporation, against all liabilities and reasonable expenses incurred by him or her on account of the proceeding except such liabilities and expenses as are incurred because of his or her willful misconduct or knowing violation of the criminal law. Before any indemnification is paid, a determination shall be made that indemnification is permissible in the circumstances because the person seeking indemnification has met the standard of conduct set forth above. Such determination shall be made in the manner provided by Virginia law for determining that indemnification of a director is permissible; provided, however, that if a majority of the directors of the Corporation has changed after the

date of the alleged conduct giving rise to a claim for indemnification, the determination that indemnification is permissible shall, at the option of the person claiming indemnification, be made by special legal counsel agreed upon by the board of Directors and such person. Unless a determination has been made that indemnification is not permissible, the Corporation shall make advances and reimbursements for expenses incurred by any of the persons named above upon receipt of an undertaking from him or her to repay the same if it is ultimately determined that such individual is not entitled to indemnification. The Corporation is authorized to contract in advance and indemnify any of the persons named above to the extent it is required to indemnify them pursuant to this Section 8.2.

8.3 Miscellaneous.

- (a) The rights of each person entitled to indemnification under this Article shall inure to the benefit of such person's heirs, executors, and administrators. Indemnification pursuant to this Article shall not be exclusive of any other right of indemnification to which any person may be entitled, including indemnification pursuant to a valid contract, indemnification by legal entities other than the Corporation, and indemnification under policies of insurance purchased and maintained by the Corporation or others. However, no person shall be entitled to indemnification by the Corporation to the extent he or she is indemnified by another, including an insurer.
- (b) Notwithstanding the foregoing provisions of this Article, during any period that the Corporation is classified as a private foundation under the Internal Revenue Code, the Corporation shall not indemnify any person otherwise entitled to indemnification pursuant to the provisions of this Article or purchase insurance to provide such indemnification if such indemnification or purchase of insurance is an act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code or a taxable expenditure as defined in Section 4945(d) of the Internal Revenue Code.

ARTICLE IX INTERNAL REVENUE CODE

Each reference in these Articles of Incorporation to a Section of the Internal Revenue Code means such Section of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any subsequent federal tax law.

Date	P. Marshall Yoder, Incorporator	
17001384		

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: JUL 13 2017

MADISON AUTOMOTIVE APPRENTICES INC C/O P MARSHALL YODER WHARTON ALDHIZER & WEAVER PLC PO BOX 20028 HARRISONBURG, VA 22801-7528

Employer Identification Number: 81-5439763 DIN: 17053122339037 Contact Person: ID# 31616 JASON T SAMMONS Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990/990-EZ/990-N Required: Effective Date of Exemption: February 17, 2017 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Madison Automotive Apprentices Income & Expenses January through September 2018

	Jan - Sep 18
Ordinary Income/Expense. Income	
43300 · Direct Public Grants	6,750.00
43500 · Direct Private Donations	216,810.00
44600 · Workshop Revenue	72,814.40
44700 - Giftshop Revenue	959.26
45000 · Investments	20.00
46400 · Miscellaneous Income	3,837.44
47200 · Program Income	2,827.50
48400 · Securities	6.30
Total Income	304,024.90
Gross Profit	304,024.90
Expense 60300 · Awards and Grants	10,147.00
60900 · Business Expenses	284.29
62100 - Contract Services	3,124.52
62800 · Facilities and Equipment	10,628.16
65000 · Operations	10,642.73
65500 · Workshop Expenses	12,005.27
66000 · Payroli Expenses	78,709.82
68300 - Travel and Meetings	14,647.20
Total Expense	140,188.99
Net Ordinary Income	163,835.91
Net income	163,835.91

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning FEB 2 , 2017, and ending DEC 31 , 20 17

OMB No. 1545-1878

Department of the Treasury

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

Internal Revenue Service	▶ Go to www.irs.gov/Form8879EO	or the latest information.	
Name of exempt organization			Employer identification number
MADISON AUTOMO	OTIVE APPRENTICES, INC.		81-5439763
Name and title of officer			
COLE SCROGHAM FOUNDER			
	Return and Return Information (Whole Dollar	s Only)	
Check the box for the retur	n for which you are using this Form 8879-EO and enter	the applicable amount, if any, fi	rom the return. If you check the box
on line 1a, 2a, 3a, 4a, or 5a	i, below, and the amount on that line for the return bein ank (do not enter ·0·). But, if you entered ·0· on the retu	ig filed with this form was blank,	then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here		/III, column (A), line 12)	1b
2a Form 990-EZ check her			
3a Form 1120-POL check			
4a Form 990-PF check her	····	AASAW	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		50
	on and Signature Authorization of Office I declare that I am an officer of the above organization		
intermediate service provid (a) an acknowledgement of the date of any refund. If ay debit) entry to the financial return, and the financial ins 1-888-353-4537 no later tha processing of the electronic payment. I have selected a organization's consent to e Officer's PIN: check one to a my signature of		send the organization's return to the reason for any delay in proceed Financial Agent to initiate an tware for payment of the organization and the U.S. ate. I also authorize the financial necessary to answer inquiries are the organization's electronic return. If I have indicated within the	the IRS and to receive from the IRS essing the return or refund, and (c) electronic funds withdrawal (direct zation's federal taxes owed on this 3. Treasury Financial Agent at institutions involved in the dresolve issues related to the return and, if applicable, the to enter my PIN 10101 Enter five numbers, be do not enter all zerost this return that a copy of the return
enter my PIN on	the return's disclosure consent screen. The organization, I will enter my PIN as my signature on		
indicated within t	the organization, I will enter my PIN as my signature or this return that a copy of the return is being filed with a tter my PIN on the return's disclosure consent screen.	state agency(ies) regulating cha	arities as part of the IRS Fed/State
Officer's signature 🕨		Date >	
Part III Certificat	tion and Authentication	8. W.	
	ur six-digit electronic filing identification		
	your five-digit self-selected PIN.	5404632280 Do not enter all zeros	
I certify that the above num confirm that I am submittine-file Providers for Busines	neric entry is my PIN, which is my signature on the 201 g this return in accordance with the requirements of Pis Returns.	7 electronically filed return for th ub. 4163, Modernized e-File (Me	e organization indicated above. I F) Information for Authorized IRS
ERO's signature ▶ <u>BROW</u>	N, EDWARDS & COMPANY, LLP	Date ▶ 09	/25/18
	EDO Must Datain This Form	- See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

EXTENDED TO NOVEMBER 15, 2018 Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public

Department of the Treasury

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

		of the Treasury enue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informat	ion.		Inspection
Ā	For the	e 2017 calenda	ryear, or tax year beginning FEB 2, 2017 and ending DE	C 3	1, 2	017
	neck il pplicat		ame of organization			entification number
Г		ess change				
<u> </u>	_		ADISON AUTOMOTIVE APPRENTICES, INC.	8	1-54	39763
X	. 1	31		E Tele	phone n	umber
Ë	Final	Hermin	070 VIRGINIA AVENUE	5	40-3	63-8180
			or town, state or province, country, and ZIP or foreign postal code		up Exem	
F	٦.		ARRISONBURG, VA 22802	i	nber ►	•
G /		nting Method:				if the organization is
			ISONAUTO.ORG	l .	-	I to attach Schedule B
			neck only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527		•	990-EZ, or 990-PF).
			X Corporation Trust Association Other	(,	,	
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total assets (Part	II.		
					\$	98,291.
p.	arth I	Revenue	\$500,000 or more, file Form 990 instead of Form 990-EZ	uctions	for Part	1)
39,639	AT A STREET	550	organization used Schedule O to respond to any question in this Part (
_	Γī		gifts, grants, and similar amounts received		1	62,665.
	'2		ce revenue including government fees and contracts		2	31,264.
	3		ues and assessments		3	
	4	Investment inc	come		4	
	5a		from sale of assets other than inventory 5a			
			ther basis and sales expenses 5b			
			from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		indraising events			
	a		from gaming (attach Schedule G if greater than			
Пe	"		6a			
Ş	h	Gross income	from fundraising events (not including \$ 1,349. of contributions			
ä	"	from fundraisi	ng events reported on line 1) (attach Schedule G if the sum of such			
			and contributions exceeds \$15,000) 6b 3,8	70.		
	_	-	penses from gaming and fundraising events 6c 2,8	65.		
			(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1,005.
				92.	GUIDE C	
				83.		
	c		(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-491.
	8		(describe in Schedule 0)		8	
	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	94,443.
	10	Grants and sin	nilar amounts paid (list in Schedule 0) SEE SCHEDULE O		10	800.
	11	Benefits paid to	o or for members		11	
Ø	12		compensation, and employee benefits		12	63,580.
JSe	13		es and other payments to independent contractors		13	747.
ed:	14		nt, utilities, and maintenance		14	1,131.
ű	15		cations, postage, and shipping		15	248.
	16		s (describe in Schedule 0) SEE SCHEDULE O		16	25,480.
	17		s. Add lines 10 through 16		17	91,986.
	18		icit) for the year (Subtract line 17 from line 9)	- 1	18	2,457.
Net Assets Expenses Revenue Revenue Revenue Revenue	19	•	und balances at beginning of year (from line 27, column (A))			
ASS			ith end-of-year figure reported on prior year's return)		19	0.
et	20	, –	in net assets or fund balances (explain in Schedule 0)	ſ	20	0.
~	21	Net assets or f	und balances at end of year. Combine lines 18 through 20	<u> </u>	21	2,457.
LH/	For		duction Act Notice, see the separate instructions.			Form 990-EZ (2017)

732171 11-22-17

	1990-EZ (2017) MADISON AUTOMOTIVE APPREM	IICED, INC.		01-	74377	00 10901
Pa	It II Balance Sheets (see the instructions for Part II)					(TE)
	Check if the organization used Schedule O to resp	oond to any quest		T	(D) [
		<u> </u>		-	(B) E	
22			<u> </u>			10,331.
23 24				 		
25						10.591.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O					
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)					2,457.
Pa What	Check if the organization used Schedule O to responsible to the organization used Schedule O to responsible to the organization's primary exempt purpose? SEE SCHEDULE O	its (see the instru- bond to any quest	ion in this Part III		(Required 501(c)(3) organizati	for section and 501(c)(4)
28 (er, describe the services provided, the number of persons benefited, and other relevant inform OPERATION OF A AUTOMOTIVE RESTORATI TRAINING OF STUDENTS	ation for each program title.				
(Grants \$ 800.) If this amount includes foreign g	rants, check here	>		28a	91,986.
29		A Beginning of year A Beginning of year B End of year				
_						
_			k	,		
(Grants \$) If this amount includes foreign g	rants, check here	<u></u>	<u> </u>	9a	
30 _						
_						
_				 , ,		
-				<u> </u>	Bua	
				l,		
						01 096
32	Total program service expenses (add lines 28a through 31a)	mnlovees «		Pi	3Z	91,900.
Pa				see the ir	istructions i	or Fart IV)
	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	contrib	utions to ee benefit	(e) Estimated amount of other
		position	(if not paid, enter -u-)	comp	ensation	COMPCHSECTOR
	LE SCROGHAM	40.00	02 402	4	000	١ ,
	ECUTIVE DIRECTOR	40.00	23,423.	Ι,	000.	0.
	VIN BORG	1 00	0		Λ	۸ ا
	ARD MEMBER	1.00	U •		<u> </u>	U •
	IAN FRYAR	1 00	0		Λ	
	ARD MEMBER	1.00	0.		<u> </u>	0.
	NNY MARSHALL ARD MEMBER	1 00	ا م		Λ	0.
	NNE WEIKART	1.00	V.		- 0.	
	ARD MEMBER	1.00	0.1		0.	0.
	EX SMITH	2000	-			
	ARD MEMBER	1.00	0.1		0.	0.
	RESA HANGAR					
	ARD MEMBER	1.00	0.		0.	0.
	AN LANDES					
	ARD MEMBER	1.00	0.		0.	0.
	LL WYATT					
	ARD MEMBER	1.00	0.		0.	0.

Page 3

So Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 33	Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	in th Par	e V	X
33		instructions for Part V.) Check if the organization used och. O to respond to any quositor in the	, , a,		
34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization of a name. Otherwise, explain the change on Schedule 0 (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more dring the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 LY "Yes" to line 93a, has the organization filed a form 990-1 for the year? If "No," provide an explanation in Schedule 0 36 Was the organization of 50(c)(4), 501(c)(5), or 501(c)(6) or ganization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part I III 37 Enter amount of political expenditures, direct or indirect, as described in the instructions 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," and bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter: 30 Initiation fees and capital contributions included on line 9 30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: 30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under: 31 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under: 32 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under: 33 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on o	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fines 2, 6a, and 7a, among others)? b 11			33		<u>X</u>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fines 2, 0a, and 7a, among others)? 55a b 11 "Yes" to line 35a, has the organization of led a Form 990-T for the year? If "No." provide an explanation in Schedule 0 55b N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule 0, Part III 35c X 35b N/A 35c N/A 35c Did the organization during the year? If "Yes," complete Schedule 0, Part III 35c Did the organization the year? If "Yes," complete Schedule 0, Part III 35c Did the organization the year of subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete schedule 0, Part III 36c X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b If "Yes," complete Schedule 1, Part II and enter the total amount involved 38c Did the organizations. Enter: 38a N/A 39a N/A 39a N/A 39a N/A 39a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 39a N/A 40a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40b V. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization organization enter anothority over a financial account in a foreign country (Such as a bank account	34		34		x
on lines 2, 8a, and 7a, among others)? b If "Yes" to line 35a, has the organization filled a Form 990-T for the year? If "No.," provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," completes applicable parts of Schedule II. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 b X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 b If "Yes," complete Schedule II. 39 b If year, and still outstanding at the end of the tax year covered by this return? 30 life the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made 30 in a prior year and still outstanding at the end of the tax year covered by this return? 30 life organization schedule II. Part II and enter the total amount involved 31 life organizations. Enter 32 life organizations. Enter 33 life organization schedule II. 34 life organizations. Enter 35 life organizations. Enter amount of tax imposed on the organization during the year under: 35 section 501(c)(3) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the verter in sect	35 a		<u> </u>		
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "Not," provide an explanation in Schedule 0 835 N/A 836 W X 836 Did the organization a section 50 (Ic)(4), 50 Ic)(6), 6, or 50 Ic)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 836 W X 837 a Enter amount of political expenditures, direct or indirect, as described in the instructions	oou	1	35a		Х
requirements during the year? If "Yes," complete Schedule C, Part III 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spolicable parts of Schedule N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	b		35b	N/	A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.0. 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 39a N/A 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations but for organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0. section 4915 ▶ 0. 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under segitions 4912, 4955, and 4958 ▶ 0. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization amanagers or disqualified persons during the year under segitions 4912, 4955, and 4958 ▶ 0. 41 List the states with which a copy of this return is filed ▶ NONE 42a The organizations books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 – 363 – 8180 42b X 42c X	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38b N/A 38b N/A 39a N/A 39			35c		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38c N/A 38c N/A 38c N/A 38c Section 501(c)(7) organizations. Enter: a Initiation lees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a Initiation lees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 2 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction of the profession 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the fact and the organization aparty to a prohibited tax shelter transaction? If Yes," complete Form 8866-T List the states with which a copy of this return is filed NONE 1 List the states with which a copy of this return is filed NONE 2 The organization's books are in care of The Organization and party to a prohibited tax shelter transaction? If Yes," complete Form 8866-T 4 List the states with which a copy of this return is filed NONE 4 Telephone no. \$40 - 363 - 8180 2 Telephone no. \$40 - 363 - 8180 2 Telephone no. \$40 - 363			36	Salara Salar	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 38c Sction 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4915 ▶ 0 · b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4910 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 · b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 40e X 11 List the states with which a copy of this return is filed ▶ NONE 42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 - 363 - 818 0 Located at ▶ 1070 VIRGINIA AVENUE, HARRISONBURG, VA 21P+4 ▶ 22802 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b X If "Yes," enter the name of the foreign country: ▶		Enter unrount of political oxposuration, and or of mail oxy			v
in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 38ction 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 · b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at a transaction? If "Yes," complete Form 8886-T 40e X 1 List the states with which a copy of this return is filed ▶ NONE 42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 - 363 - 8180			3/0		Α
b If Yes,* complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 · b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the first of the states with which a copy of this return is filed ▶ NONE 1 List the states with which a copy of this return is filed ▶ NONE 1 List the states with which a copy of this return is filed ▶ NONE 2 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 - 363 - 8180 cloaded at ▶ 1070 VIRGINIA AVENUE, HARRISONBURG, VA 2 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 - 363 - 8180 cloaded at ▶ 1070 VIRGINIA AVENUE, HARRISONBURG, VA 3 A vany 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. ▶ 3 See the instructions for exceptions and filling requirements for FinCEN Form 114, Report	38 a		00-		V
Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27! f*Yes," complete Schedule L, Part 1 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 886-T 40e X 1 List the states with which a copy of this return is filed ▶ NONE 1 List the states with which a copy of this return is filed ▶ NONE 2 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 - 363 - 8180 2 Located at ▶ 10 70 VIRGINIA AVENUE, HARRISONBURG, VA 2 If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 1 "Yes," enter the name of the foreign country: ▶	_		JOA	anasa Tanggar	
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 41 List the states with which a copy of this return is filled ▶ NONE 42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540 - 363 - 8180 Located at ▶ 10 70 VIRGINIA AVENUE, HARRISONBURG, VA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1 100, 0011,001 001,001			
b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ NONE 1 List the states with which a copy of this return is filed ▶ NONE 2 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 540-363-8180 Located at ▶ 1070 VIRGINIA AVENUE, HARRISONBURG, VA 2 The organization account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 1 T'es," enter the name of the foreign country: ▶ 2 At any time during the calendar year, did the organization maintain an office outside the United States? 1 T'es," enter the name of the foreign country: ▶					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	a	Birthation 1000 and outstand worth and a state of the sta			
section 4911	40 o	di das rodolpto, molecula di mito di coi public das ut sida incomissi			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X Telephone no. ► 540 - 363 - 8180 Located at ► 1070 VIRGINIA AVENUE, HARRISONBURG, VA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country. ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	40 a				
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of fax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE 1 List the states with which a copy of this return is filed NONE Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	h	30000011011			
of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE 1 List the states with which a copy of this return is filed NONE 1 Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? Located at Value V]
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			40b		х
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	c				
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X 41 List the states with which a copy of this return is filed NONE 42a The organization's books are in care of THE ORGANIZATION Telephone no. 540-363-8180 Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 42c X 42c X	_				
by the organization • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e	d		Williams		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of THE ORGANIZATION Telephone no. 540-363-8180 Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA ZIP+4 22802 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: X					
List the states with which a copy of this return is filed NONE The organization's books are in care of THE ORGANIZATION Located at 1070 VIRGINIA AVENUE, HARRISONBURG, VA 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Telephone no. ► 540-363-8180 Located at ► 1070 VIRGINIA AVENUE, HARRISONBURG, VA 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►		transaction? If "Yes," complete Form 8886-T	40e		X.
Located at \$\int 1070\ VIRGINIA \ AVENUE, \ HARRISONBURG, \ VA b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: \$\int \text{Yes}\$ No 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? 11 "Yes," enter the name of the foreign country: \$\int \text{Yes}\$ X			~ ~	100	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42 a				
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	•	Education dit y = 0.10 1. The state of the s	20U	4	
account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:				162	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:			420	0.000	122
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:		11 YES, CHIEF THE HAIRE OF THE TOTAL COUNTY. See the instructions for exceptions and filling requirements for EinCEN Form 114 Report of Foreign Rank and Financial Accounts (FRAR)			
If "Yes," enter the name of the foreign country:	_		42c	2000	x
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-F7 in lieu of Form 1041 - Check here	C			1	1
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A	70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
Yes No				Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Section 1	
Form 990-EZ 44a X			44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
of Form 990-EZ 44b X				ـــــ	
c Did the organization receive any payments for indoor tanning services during the year?			44c	Section 19	<u>X</u>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	d			\$1000	
in Schedule O 44d					\
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X			458		^
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2 If "Yes " Form 990 and Schedule B may need to be completed instead of Form 990-EZ (see instructions) 45b	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	AEL		
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form 990-EZ (2017)				I Ign_F7	/2017\

101111 990-1	MADISON AUTOMOTIVE	AFFRENTICED,	THC.		<u> </u>	Yes	s No
46 Did th	ne organization engage, directly or indirectly, in political cam	npaign activities on behalf of o	r in oppositio	n to candidates for pu	ıblic office?		
	s," complete Schedule C, Part I					46	X
Part VI							
•	All section 501(c)(3) organizations must answer of	uestions 47-49b and 52, a	and complet	te the tables for line	es 50 and 51.		
	Check if the organization used Schedule O to res	spond to any question in the	nis Part VI.	***************************************		V	
				D 16 l0 (l) lat	- 0-b 0 po-t u F	Yes	s No X
	ne organization engage in lobbying activities or have a section					48	X
	e organization a school as described in section 170(b)(1)(A) he organization make any transfers to an exempt non-charit					49a	X
	s," was the related organization a section 527 organization?					49b	
50 Comp	plete this table for the organization's five highest compensation.	ted employees (other than offi	cers, director	s, trustees, and key e	mployees) who ea	ch receiver	d more
	\$100,000 of compensation from the organization. If there is		•	,			
	(a) Name and title of each employee	(b) Avera		(C) Reportable	(d) Health benefits, contributions to	1 , , ,	
	• •	per week d		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred	amount o	
	NONE	posit	IIII		compensation	COMPEN	3011011
			155			 	
						 	
			199090 				
	The state of the s		Day				
						•	
	nization. If there is none, enter "None." NONE (a) Name and business address of each independent contra	ctor	(b) Type of service	(c) C	ompensati	on
		w					
	number of other independent contractors each receiving or the organization complete Schedule A? Note: All section 501		nch a				
	pleted Schedule A				▶ 2	Yes	No
Under nen	alties of perjury, I declare that I have examined this return, i	ncluding accompanying sched	lules and sta	tements, and to the be	est of my knowled	ge and beli	ef, it is
true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepa	arer has any knowledç	je.		
Sign	Signature of officer				Date		
Here	COLE SCROGHAM, FOUNDER						
			I Data	Check	if PTIN		
	Print/Type preparer's name Prepare	er's signature	Date	self- emplo			
Paid	AT ANT T AND TO		09/2		- 1	5745	7
Prepare	er ALAN LANDES	COMPANY, LLE		Cirm'e EIA	P010 ► 54-050		
Use On	Firm's name BROWN, EDWARDS & Firm's address 124 NEWMAN AVEN	- # ,		Phone no	7 = 4 0 \	134-6'	736
	HARRISONBURG, N			1 Holle Ho	. \		<u> </u>
May the IR	S discuss this return with the preparer shown above? See i			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 3	Yes	No
way uit in	to disorde this foreith with the property enough above; Out i					orm 990-E	Z (2017

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name o	f the organization	do to morning.					Employer	identification number	
ivanic o		יפטאז אַזוּידטאַר	TIVE APPRENT	TORS	TNC.			1-5439763	
Part						e instruction			
Self-Self-residence	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
The orga									
1	A church, convention of ch					I)(A)(i).			
2	A school described in sect								
3	A hospital or a cooperative								
4	A medical research organiz	ation operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated f	or the benefit of a co	ollege or university owner	or opera	ted by a g	overnmental (unit describ	oed in	
	section 170(b)(1)(A)(iv). (0								
6	A federal, state, or local go		mental unit described in s	section 17	70(b)(1)(A)	(v).			
7 X	-						he general	public described in	
	section 170(b)(1)(A)(vi), (C						Ŭ	•	
•	A community trust describe	•	Managara Dari	· II Y	u. Ode				
8	An agricultural research or				nd in conic	notion with a	land.orant	college	
9									
	or university or a non-land-	grant college of agric	culture (see instructions).	criter the	name, on	y, and state o	r trie colleg	c U	
_	university:			.800°	791359		_1_1_		
10	An organization that norma								
	activities related to its exer								
	income and unrelated busi		e (less section 511 tax) fro	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.	
	See section 509(a)(2). (Co			region.					
11 🖳	An organization organized								
12 🖳	An organization organized								
	more publicly supported or							Check the box in	
	lines 12a through 12d that	describes the type	of sup po rting organiza tio	n and com	nplete line:	s 12e, 12f, an	d 12g.		
а	Type I. A supporting orga	anization operated,	super vised, o r controlled	by its sup	ported org	ganization(s),	typically by	giving giving	
	the supported organizati	on(s) the power to re	egularly appoint or elect a	majority	of the dire	ctors or trust	ees of the s	supporting	
	organization. You must o	complete Part IV, S	ections A and B.						
b [Type II. A supporting org			tion with it	s support	ed organizatio	on(s), by ha	ving	
	control or management of								
	organization(s). You mus			·					
С	Type III functionally inte			in connec	tion with.	and functions	lly integrate	ed with,	
-	its supported organization						, ,		
d [Type III non-functionall						rted organi	ization(s)	
u L	that is not functionally in								
	requirement (see instruct						a an accond	14011000	
	Check this box if the org						II Type III		
e L						a Type I, Type	л, турст		
	functionally integrated, o				zation.				
	iter the number of supported								
g Pr	ovide the following informatio (i) Name of supported	n about the support	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
	organization	\n, \n, \n,	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	-	support (see instructions)	
	organization.		above (see instructions))	162	NO				
						1			

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					62,665.	62,665.
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					<u>_</u>	
4	Total. Add lines 1 through 3					62,665.	62,665.
	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)						48,391.
6	Public support. Subtract line 5 from line 4.						14,274.
	ction B. Total Support	<u> </u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 62,665.
7	Amounts from line 4					62,665.	62,665.
8	Gross income from interest,		7.00				
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			Ÿ			
•	activities, whether or not the						
	business is regularly carried on					0.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						62,665.
	Gross receipts from related activities,	etc. (see instructi	ions)			12	32,269.
13	First five years. If the Form 990 is for	r the organization'	s first, second, thir			n 501(c)(3)	
							<u> </u>
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) d	livided by line 11, o	column (f))	***************************************	14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	oorted organization	١			▶└─
b	33 1/3% support test - 2016. If the c	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop i	nere. Explain in Par	rt VI how the organi	zation
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
-	more, and if the organization meets the	ne "facts-and-circu	umstances" test, c	heck this box and	stop here. Explain	in Part VI how the	,
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶Щ
18	Private foundation. If the organization						
						dule A (Form 990	

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.)

300	ction A. Public Support						
	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2014	(0) 2010	(4) 2010	(5)_5	
,	membership fees received. (Do not						
	include any "unusual grants.")					i	
^							
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					ļ	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			- X.			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and				7		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received					l	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b		3				
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
j -	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						
10	regularly carried on Other income. Do not include gain						
ız	or loss from the sale of capital						
					ļ		
	assets (Explain in Part VI.)				1	1	
	Total support. (Add lines 9, 10c, 11, and 12.)				1	504()(0)	_#:
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo						. 1 1
14	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here		,				. 1 1
14 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				
14 Sec 15	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	ic Support Pe line 8, column (f) d	rcentage ivided by line 13,	column (f))		15	>
14 Sec 15 16	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2017 (Public support percentage from 2016)	lic Support Pe line 8, column (f) d 3 Schedule A, Part	rcentage ivided by line 13, III, line 15	column (f))			
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Public support percentage for 2017 (Public support percentage from 2016 etion D. Computation of Investion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation of Investigation Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion D. Computation etion Public support percentage from 2016 etion	ic Support Pe line 8, column (f) d Schedule A, Part stment Incom	rcentage ivided by line 13, III, line 15 e Percentage	column (f))		15 16	% %
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2017 (Public support percentage from 2016 ction D. Computation of Investment income percentage for 20	lic Support Pe line 8, column (f) d Schedule A, Part stment Incom 017 (line 10c, colur	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li	column (f)) ne 13, column (f))		15 16	% %
14 Sec 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2017 (Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 (Investment income percentage from 2016)	lic Support Pe line 8, column (f) d 5 Schedule A, Part stment Incom 017 (line 10c, colur 2016 Schedule A,	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
14 Sec 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2017 (Public support percentage from 2016 ction D. Computation of Investment income percentage from 20 Investment income percentage from 20 33 1/3% support tests - 2017. If the	lic Support Pe line 8, column (f) d 6 Schedule A, Part stment Incom 017 (line 10c, colur 2016 Schedule A, organization did r	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
14 Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 is for check this box and stop here cotion C. Computation of Public support percentage for 2017 (Public support percentage from 2016 cotion D. Computation of Investment income percentage from 2016 (Investment income percentage from 2016) a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a	lic Support Pe line 8, column (f) d 6 Schedule A, Part stment Incom 017 (line 10c, colur 2016 Schedule A, organization did r and stop here. The	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box e organization qua	ne 13, column (f)) on line 14, and lin	e 15 is more than supported organi	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
14 Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2017 (Public support percentage from 2016 ction D. Computation of Investment income percentage from 2016 (Investment income percentage from 2013 1/3% support tests - 2017. If the more than 33 1/3%, check this box as 33 1/3% support tests - 2016. If the	lic Support Pe line 8, column (f) d 6 Schedule A, Part stment Incom 017 (line 10c, colur 2016 Schedule A, organization did r and stop here. The	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box e organization qua not check a box or	column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19	e 15 is more than supported organi: a, and line 16 is m	15 16 17 18 33 1/3%, and line 1 zation ore than 33 1/3%, a	% % % 7 is not
14 Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 is for check this box and stop here cotion C. Computation of Public support percentage for 2017 (Public support percentage from 2016 cotion D. Computation of Investment income percentage from 2016 (Investment income percentage from 2016) a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a	lic Support Pe line 8, column (f) d Schedule A, Part stment Incom 17 (line 10c, colur 2016 Schedule A, organization did r and stop here. The organization did r eck this box and st	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li Part III, line 17 not check the box e organization qua not check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19 unization qualifies	e 15 is more than supported organi a, and line 16 is m as a publicly supp	15 16 17 18 33 1/3%, and line 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	% % % 7 is not

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?
- 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 (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.)

_		Yes	No
	evenye.		
	1		
		487876	
	2		
	3a		
	GENERAL STREET	1900,000,000	
	1		
	3b		
			7332 (33)
		Silisii.	
	Зс		L
	4a	SEE 110 SEE 110	102000000000000000000000000000000000000
	4h		
	2	100000000000000000000000000000000000000	15000000
			* ************************************
	4c		
	2		
	5a		
	5b		
- 1			
1	5c	40 Oct - 5 7	TRANSPARATION OF
	Savarane W		
	6		
	6		
	6		
	6		
	<u>6</u> 7		
	<u>6</u> 7		
	7		
	7 8		
	7 8		
	7 8		
	7 8		
	7 8		
	7 8		
	7 8 9a 9b		
	7 8 9a 9b		
	6 7 8 9a 9b		
	6 7 8 9a 9b 9c		
	6 7 8 9a 9b 9c		
	6 7 8 9a 9b 9c		
	6 7 8 9a 9b 9c		
	9a 9b 9c		
	6 7 8 9a 9b 9c		

Pa	rt 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		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
		Torrior some som	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	an and a section	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			r
			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	Section 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		RANGONA.	
	supported organizations played in this regard.	3		L
	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 yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	:1	
c		1,401,01,1	Yes	No
2	Activities Test. Answer (a) and (b) below.	Secure case.	100	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a	***********	
	that these activities constituted substantially all of its activities.			
b				
	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	1.5400 4590 A	angesterst)
_	activities but for the organization's involvement.	_ <u> </u>		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	За	specifich.	44000000000
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	- JU	14 (5 (4 d) 2 (5 (5 (4 d)	
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	-0) APO VA	
	OF ILD DUPPORTURE OF UNIQUE AUTORISE IN TEACH OF A CONTROL OF A CONTRO			

1 Check here if the organization satisfied the Integral Part Test as a qualifying			rt VI.) See instructions
other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
ection 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		
Depreciation and depletion	5		
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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	1	
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		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
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-functional	v inter	rated Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

i Carryover from 2012 not applied (see instructions)
 j Remainder. Subtract lines 3g, 3h, and 3i from 3f.

Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2018. Add lines 3j

4 Distributions for 2017 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years
b Applied to 2017 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Part V	Sı Pa lin Se	uppler art IV, Se e 1; Par ection D	ment ection t IV, S , lines	al Infor A, lines 1 ection D, 5, 6, and	MADI mation. , 2, 3b, 3c lines 2 an 8; and Pa	Prov 5, 4b,	ride the 4 4c, 5a, 6 Part IV	explar 5, 9a, 9	nations 9b, 9c, n Filine	require 11a, 1 is 1c. 2	ed by 1b, a 2a, 2t	/ Part II ind 11c b. 3a. a	, line 10 ; Part I\ nd 3b: l); Part li /, Secti Part V. l	I, line 1 on B, l iine 1:	ines 1 Part V	17b; F and 2 Secti	art III, Part IV on B, li	line 12; /, Section ne 1e; F	Page 8 on C, Part V,
		ee instri				3 3 7 7	. m.T.O3	T .												
					EXPL									_						
THIS	IS	THE	OR	GANIZ	ATION	' <u>S</u>	FIRS	ST Y	YEAR	IN	EΣ	KIST	ENCE	· .						
												.0								
													(market) (ma							
					<u> </u>															
												7								
									.488488											
										1,452										
				·			4907 4907													
										•					ï					

			-																	
									<u> </u>											
														··-						
					4 1000							100								
									-,											
			·				·····													

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

	Contributor's Name	Total Contributions	Excess Contributions
BRENT	MARTINI	40,897.	39,644.
DAVID	COTTRELL	10,000.	8,747.
T-4:15	ss Contributions to Schedule A, Part II, Line 5		48,391

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.

MADISON AUTOMOTIVE APPRENTICES, INC.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

81-5439763

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 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 99	10-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule.
Note: O	nly a section 501(c)((7), (8), or (10) organization can check boxes for both the Gene ral Rule and a Special Rule. See instructions.
General	Rute	
X		on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., etc., contributions totaling \$5,000 or more during the year.
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he 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) (2017)

Name of organization

Employer identification number

MADISON AUTOMOTIVE APPRENTICES, INC.

81-5439763

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRENT MARTINI 2470 MONACO LAGUNA BEACH, CA 92651	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID COTTRELL 6109 ST ANDREWS LANE RICHMOND, VA 23226	\$ 10,000.	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
110.		\$	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
		\$Schodulo B / Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MADISON AUTOMOTIVE APPRENTICES, INC.

81-5439763

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	60 SHARES FBIOX		
1			
		\$11,945 .	06/16/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	845 SHARES INTC		
1		\$ 28,952.	07/20/17
(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.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		1	

Name of organization **Employer identification number** MADISON AUTOMOTIVE APPRENTICES, 81-5439763 INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(/), (8), of (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this Info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Employer identification number Name of the organization 81-5439763 MADISON AUTOMOTIVE APPRENTICES, FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY: INCOME: 492. 1. GROSS RECEIPTS 0. RETURNS AND ALLOWANCES 492. LINE 1 LESS LINE 2 983. COST OF GOODS SOLD (LINE 13) -491. GROSS PROFIT (LINE 3 LESS LINE 4) COST OF GOODS SOLD: 0. INVENTORY AT BEGINNING OF YEAR 0. 7. MERCHANDISE PURCHASED 0. 8. COST OF LABOR 983. 9. MATERIALS AND SUPPLIES 0. 10. OTHER COSTS 983. 11. ADD LINES 6 THROUGH 10 0. INVENTORY AT END OF YEAR 983. 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: SPONSORSHIP GRANTEE NAME: JMU OUTREACH AND ENGAGEMENT 800. AMOUNT GIVEN: FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 20,243. EQUIPMENT AND SUPPLIES

Schedule O (Form 990 or 990-EZ) (2017)

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

Name of the organization MADISON AUTOMOTIVE APPRENTICES, INC.		identification number 439763
TRAVEL AND MEETINGS		1,512.
OTHER EXPENSES		1,110.
INSURANCE		2,615.
TOTAL TO FORM 990-EZ, LINE 16		25,480.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG. OF	YEAR	END OF YEAR
DIRECT DEPOSIT LIABILITIES	0.	4,956.
PAYROLL LIABILITIES	0.	3,161.
SALES TAX LIABILITIES	0.	17.
TOTAL TO FORM 990-EZ, LINE 26	0.	8,134.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGAN	IZATIO	N EXISTS TO
SHARE THE LOVE OF THE AUTOMOBILE WITH THE NEXT GENERATION	I, TO P	ROVIDE
EDUCATIONAL AND BRIDGING OPPORTUNITIES FOR AUTOMOTIVE		
RESTORATION/PRESERVATION, AND MOTORSPORT EXPERIENCES.		
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	TIT CON	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	INDS, D	IRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, D	IRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on 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. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 81-5439763 MADISON AUTOMOTIVE APPRENTICES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1070 VIRGINIA AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. HARRISONBURG, VA 22802 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 10 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 1070 VIRGINIA AVENUE - HARRISONBURG, VA 22802 Telephone No. ► 540-363-8180 If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box 🕨 . If it is for part of the group, check this box 🕨 and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning FEB 2, 2017 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

Form 8868 (Rev. 1-2017)

instructions.

City of Harrisonburg, Virginia

Treasurer's Office Advice/Receipt

(This is not a Customer Receipt)

Make Checks Payable and Remit To: Harrisonburg City Treasurer 409 South Main Street Harrisonburg, Virginia 22801 Payment Due:

0

50.00

Customer:

Madison Automotive Apprentices

Department	Date	Receipt Code	Description	Amount
СМО	11/27/2018	GF 1901	Property Tax Exempt Application Fee	50.00
			6	
			PAID NOV 27 700 SHAFER DEEP TRANSPORTER	
			प् ^{हरू} Total	

٨	imee	1 0	no	100	10	_
н	imee	1 (mo	I (2) I	0	н

Print Name