EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

AF	or the	e 2018 calendar year, or tax year beginning and	i enaing				
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number		
	Addre	CULTURESOURCE					
	Name chang	Doing business as	•	26-1	476029		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	☐Final return		003	313-	831-1151		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,030,688.		
	Ameno return	DEIROII, MI 48202		H(a) Is this a group re			
	Application	F Name and address of principal officer: OMAKI KOSH		for subordinates	? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
		te: ► WWW.CULTURESOURCE.ORG		H(c) Group exemptio	n number 🕨		
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2007 $ m extbf{N}$	∥ State of legal domicile; M I		
Pa	art I	Summary					
a)		Briefly describe the organization's mission or most significant activities: CULT					
Activities & Governance		OF ORGANIZATIONS THAT CULTIVATE CREATIVE	AND CU	ILTURAL EXPR	ESSION IN		
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	15		
<u>ت</u>		Number of independent voting members of the governing body (Part VI, line 1b)			15		
es 8		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0		
Ϋ́Ε		Total number of volunteers (estimate if necessary)			2		
ķ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		522,551.	874,221.		
Revenue	9	Program service revenue (Part VIII, line 2g)		67,591.	155,353.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96.	1,114.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		590,238.	1,030,688.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	61,014.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		411,763.	125,216.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 63,6		010 100	504 400		
ш	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		212,169.	534,490.		
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		623,932.	720,720.		
		Revenue less expenses. Subtract line 18 from line 12		-33,694.	309,968.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		1,494,000.	1,843,925.		
ot A	21	Total liabilities (Part X, line 26)		770,432.	810,389.		
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		723,568.	1,033,536.		
	art II						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is		
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.			
٠.		Signature of officer		I Date			
Sigr		·		Date			
Her	е	OMARI RUSH, EXECUTIVE DIRECTOR Type or print name and title					
			П	Date Check	PTIN		
Do:4		Print/Type preparer's name Preparer's signature MICHAEL SANTICC		0 10 4 14 0 if			
Paid Pron		Firm's name UHY ADVISORS MI, INC.	шти		38-1910111		
Preparer Firm's name UHY ADVISORS MI, INC. Firm's EIN 38-19101 Use Only Firm's address 27725 STANSBURY BLVD., SUITE 210							
სან	Jilly	FARMINGTON HILLS, MI 48334	•	Dhone no (2	48) 355-0280		
110	, the !"	-		Priorie no. \ Z			
viay	r trie II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form	990 (2018) CULTURESOURCE	26-1476029	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CULTURESOURCE ADVANCES THE WORK OF ORGANIZATIONS THAT	CULTIVATE	
	CREATIVE AND CULTURAL EXPRESSION IN SOUTHEAST MICHIGAN	ſ .	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 300 , 419 • including grants of \$) (Revenue \$	
	CAPACITY BUILDING AND PROFESSIONAL CONVENING		
	CULTURESOURCE PROVIDED PROFESSIONAL DEVELOPMENT AND NE		
	OPPORTUNITIES TO THE SOUTHEAST MICHIGAN ARTS AND CULTU		
	FEATURED LOCAL EXPERTS AND NATIONAL THOUGHT LEADERS. T		
	INCLUDED THE FUTURE OF ARTS JOURNALISM, STRATEGIES FOR		
	DEVELOPMENT, BEST PRACTICES IN PUBLIC ART PROGRAMMING,	AND GENERAL	
	TRENDS/RESEARCH IN THE ARTS AND CULTURE SECTOR. WE ALS	O IMPLEMENTED	
	SPECIFIC PROGRAMS WITH SUPPORT FROM VARIOUS PARTNERS.	THOSE INCLUDED	AN
	EXECUTIVE TRAINING PROGRAM ON ADAPTIVE LEADERSHIP WITH	EMCARTS AND A	N
	ONGOING INVESTIGATION OF CONTEMPORARY CULTURE WITH RIS	ING LEADERS	
	WASHTNEAW COUNTY. ADDITIONALLY, WE INVESTED IN CAPACIT	Y BUILDING	
4b	(Code:) (Expenses \$ 146,087. including grants of \$ 61,014.)		,
	COMMUNITY INITIATIVES	Tievende #	
	ONE OF OUR COMMUNITY INITIATIVES WAS, AND CONTINUES TO	BE CULTUREPOP	. A
	COLLABORATION BETWEEN CULTURESOURCE AND QUICKEN LOANS		
	ACTIVATE PUBLIC SPACES IN DOWNTOWN DETROIT WITH CREATI		
	ART AND CULTURE. BEYOND A ONE-TIME PERFORMANCE, THIS I		
	MEANT TO BUILD THE LONG-TERM CAPACITY IN PARTICIPATING		
	WORK IN NEW SPACES AND STRENGTHEN THEIR SKILLS AT ATTR		10
	AUDIENCES. FEATURED ORGANIZATIONS HAVE INCLUDED A LETT		
	HIP-HOP DANCE ENSEMBLE, CLASSICAL STRING QUARTET, AND		<i>'</i>
	WINDOW VISUAL ART INSTALLATION.	A SIUKEFKUNI	
	WINDOW VISUAL ART INSTALLATION.		
	(Code:) (Expenses \$109 , 629including grants of \$) (·	
40	PROMOTION OF ARTS AND CULTURE	Revenue \$	 ·
	FROMOTION OF ARTS AND COLLORE		
	CULTURESOURCE USES SEVERAL MARKETING CHANNELS TO BRING	L VMVDENEGG TO	OTTD
	WORK AND OUR MEMBERS AND PARTNERS' INITIATIVES. THESE		OOK
	WEBSITE (CULTURESOURCE.ORG) THAT FUNCTIONS AS A HUB OF		
			mtt
	ABOUT OUR ORGANIZATION AND MEMBERS; A MONTHLY MEMBER E		TH
	FUNDING OPPORTUNITIES, JOB POSTINGS, AND SECTOR TRENDS		3 T
	PROGRAM ANNOUNCEMENTS AND ARTS NEWS FOR PUBLIC SUBSCRI		
	MEDIA EXPRESSIONS VIA OUR FACEBOOK, TWITTER, AND INSTA		IN
	2018 WE ALSO CEASED OUR FIVE-YEAR OPERATION OF OUR REG		
	CALENDAR (IXITI), A PLATFORM THAT ALLOWED COMMUNITY ME		
	SELF-POST ARTS AND CULTURE EVENTS. (THE RISE OF SOCIAL	MEDIA AND RAP	ID
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 556,135.		
		_	~~

Form 990 (2018) CULTURESOURCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		17	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) CULTURESOURCE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		X
27	complete Schedule L, Part II	26		12
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note. All Form 990 filers are required to complete Schedule O	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is destruction of contains a response of flote to any line in this fact v		V	<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	(marsh line) uniquin marka unique uni	1c	Х	
	(gambling) winnings to prize winners?	<u> </u>	000	(0045)

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Form	990 (2018) CULTURESOURCE 26-1476	029	Р	age 5						
Par	TtV Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	b If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	7e								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f										
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	_								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a	-								
р	Gross income from other sources (Do not net amounts due or paid to other sources against									
40	amounts due or received from them.)	40								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b	-								
	Enter the amount of reserves on hand	44-		v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>						
	If "Yes," complete Form 4720, Schedule O.									

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MI$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website X Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

- 313-831-1151

48202

MICHELLE DE LA FUENTE

6200 2ND AVE, SUITE 003, DETROIT, MI

Form 990 (2018) CULTURESOURCE 26-1476029 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do			k more than one			Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	director				- -		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. TONYA MATTHEWS	line) 1.00	트	Ë	10 l	-Se	<u>= = = = = = = = = = = = = = = = = = = </u>	Fo			
CHAIR	1.00	Х		Х				0.	0.	0.
(2) DOMINIC DIMARCO	1.00	25		22				•	•	•
DIRECTOR	1100	х						0.	0.	0.
(3) MICHAEL MORIN	1.00									
SECRETARY		х		х				0.	0.	0.
(4) ROBERT BURY	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MAURY OKUN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) FRANK JONNA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRISTIAN OVERLAND	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) KERRY DOMAN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) AFA DWORKIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) OLGA STELLA	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) DEVON AKMON DIRECTOR	1.00	v							_	_
(12) MEL DRUMM	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) SALVADOR SALORT-PONS	1.00	Λ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(14) ANNMARIE ERICKSON	1.00	25						•	•	•
DIRECTOR	2000	х						0.	0.	0.
(15) BRENT OTT	1.00									
TREASURER		Х		х				0.	0.	0.
(16) OMARI RUSH	40.00									
EXECUTIVE DIRECTOR				Х				125,216.	0.	0.
						1				

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	<u>oloy</u>	ees,	and	HI E	ghes	st C	ompensated Employee	S (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	com fr org and	pensatom the anization related	e ion ed
			Ī	_		×	1 0							
			\vdash											
			_											
			_											
	Sub-total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	125,216.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)		<u></u>					<u> </u>	125,216.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			1
_	· · · · · · · · · · · · · · · · · · ·	dina akan an ku							la:l		1		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	J		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com									lual for services		5		X
Sec	tion B. Independent Contractors	<u>ipiete Scrieduit</u>]	OF SL	ICII I	<u>Jers</u>	OH							
1	Complete this table for your five highest co										pensat	tion fro	m	
	the organization. Report compensation for (A)					iui (JI WI		(B)			(0		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsation	<u> </u>
	Total number of independent contractors (in	acludina but =	ot !:-	nito	1+0	tha	20 110	+o~	abovo) who received	oro then				
_	\$100,000 of compensation from the organia		J. 11(1	ını e (0	()	ieu	above, who received file	ne man			000 4	

26-1476029

Form 990 (2018) CULTURESOURCE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns Membership dues		60,938.				
S S	·	Fundraising events		00,000				
ifts, r A	,	Related organizations						
niga	`	Government grants (contribution		33,695.				
ons	f	All other contributions, gifts, grant	' 					
uti her		similar amounts not included abov		779,588.				
Ę		Noncash contributions included in lines 1		,				
Son	ŀ	Total. Add lines 1a-1f	•	>	874,221.			
				Business Code				
a)	2 8	PROGRAMS		900099	155,353.	155,353.		
Š	- k				·			
Ser	(
am	(
Program Service Revenue	6							
Pro	f	All other program service rever	nue					
	ç	Total. Add lines 2a-2f		>	155,353.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	1,114.			1,114.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	k	1						
	(Rental income or (loss)						
	(Net rental income or (loss)						
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
	(Gain or (loss)						
		Net gain or (loss)		······ •				
enne	8 8	Gross income from fundraising including \$						
ev.		contributions reported on line	•					
Other Reven		Part IV, line 18						
돩		Less: direct expenses						
-		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gami		P				
	10 a	a Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold						
ŀ	(Net income or (loss) from sales Miscellaneous Revenue		Business Code				
ŀ	11 a			Duamesa Code				
	ıı c							
	,							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,030,688.	155,353.	0.	1,114.

Form 990 (2018) CULTURESOURCE Part IX Statement of Functional Expenses

Pa	Part IX Statement of Functional Expenses									
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).						
	Check if Schedule O contains a respon	se or note to any line in			X					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	61,014.	61,014.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	125,216.	87,651.	22,539.	15,026.					
_	trustees, and key employees	123,210.	07,031.	22,339.	13,020.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal									
С	Accounting	22,450.	15,716.	4,041.	2,693.					
	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	220 267	227 557	61,086.	40,724.					
40	column (A) amount, list line 11g expenses on Sch O.)	339,367. 32,428.	237,557. 32,428.	01,000.	40,724.					
12 13	Advertising and promotion Office expenses	3,427.	2,399.	617.	411.					
14	Information technology	3/12/1	2,3330	0270						
15	Royalties									
16	Occupancy	14,605.	10,223.	2,629.	1,753.					
17	Travel				-					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	9,674.	6,772.	1,741.	1,161.					
20	Interest									
21	Payments to affiliates	20 550	24 001	F F20						
22	Depreciation, depletion, and amortization	39,559.	34,021.	5,538.	240					
23	Insurance	2,072.	1,450.	373.	249.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	SPECIAL INITIATIVES	26,166.	26,166.							
b	COMMUNITY RELATIONS AND	15,063.	15,063.							
С	MEMBERSHIP MEETINGS	13,505.	13,505.							
d	TELEPHONE AND INFORMATI	8,363.	5,854.	1,505.	1,004.					
е	All other expenses	7,811.	6,316.	898.	597.					
25	Total functional expenses. Add lines 1 through 24e	720,720.	556,135.	100,967.	63,618.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018)					

Form 990 (2018)
Part X Balance Sheet

Pal	LA	balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A)		(B)
	ı				Beginning of year		End of year
	1	Cash - non-interest-bearing			599,700.	1	749,017.
	2	Savings and temporary cash investments			02 504	2	056 055
	3	Pledges and grants receivable, net			93,724.	3	256,055.
	4	Accounts receivable, net			2,000.	4	
	5	Loans and other receivables from current and for		, , , , , , , , , , , , , , , , , , ,			
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,859.	9	55,010.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	172,971.			1
	b				50,921.	10c	10,952.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line	L		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		741,796.	15	772,891.	
	16	Total assets. Add lines 1 through 15 (must equ	1,494,000.	16	1,843,925.		
	17	Accounts payable and accrued expenses		8,788.	17	6,698.	
	18	Grants payable				18	
	19	Deferred revenue			19,873.	19	30,800.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and o	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			741,771.	25	772,891. 810,389.
	26	Total liabilities. Add lines 17 through 25			770,432.	26	810,389.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
S		complete lines 27 through 29, and lines 33 an			600 560		
ů	27	Unrestricted net assets			608,568.	27	585,836.
Sala	28	Temporarily restricted net assets			115,000.	28	447,700.
둳	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	4 000 -00
Z	33	Total net assets or fund balances			723,568.	33	1,033,536.
	34	Total liabilities and net assets/fund balances .			1,494,000.	34	1,843,925.

Form **990** (2018)

Form 990 (2018) CULTURESOURCE 26-1476029 Page **12**

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,03					
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,7				
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72	3,5	<u>68.</u>			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,03	3,5	<u>36.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2018)			

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization CULTURESOURCE 26-1476029 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						_
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
	The portion of total contributions						
3	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)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support		# > 00/5	() 22/2	I () 22/-	() 22/2	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	_
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	_
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2018. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the)
	organization meets the "facts-and-circ				-		>
18	Private foundation. If the organization		-	•			· • 🔲

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

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

Sec	ction A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	988,761.	755,265.	734,558.	522,551.	874,221.	3875356.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
•	·	988,761.	755,265.	734,558.	522,551.	874,221.	3875356.
	Total. Add lines 1 through 5	900,701.	755,205.	734,330.	322,331.	0/4,221•	3073330.
	3 received from disqualified persons						0.
r	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3875356.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,300.	755,265. 68.	734,558.	522,551. 96.	1,114.	2,827.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,				,	,
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,300.	68.	249.	96.	1,114.	2,827.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	990,061.	755,333.	734,807.	522,647.	875,335.	3878183.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I	, , , , , , , , , , , , , , , , , , , ,	,	column (f))		15	99.93 %
	Public support percentage from 2017					16	99.89 %
	ction D. Computation of Inves						
	Investment income percentage for 20	•	•			17	.07 %
	Investment income percentage from					18	.11 %
19a	33 1/3% support tests - 2018. If the	-					
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	=	-				▶ X
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	▶└┴

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
00		
9с		
46		
10a		
10h		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
C		vised, or controlled the supporting organization.	2		
Sec	lion	C. Type II Supporting Organizations		V	
	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
		<u> </u>		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sac:	suppo	orted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		re organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL.		
	UI ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting oras	nization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509	aj(s) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Evenes from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CULTURESOURCE

Employer identification number 26-1476029

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	•	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e.	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by tl	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it $\boldsymbol{\boldsymbol{h}}$	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservation	·	
9	include, if applicable, the text of the footnote to the organization	on'e financial etatemente that describe	s the organization's accounting for
9		on s ilitariciai statements that describe	
	conservation easements.		Othor Similar Accots
	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
Par	Complete if the organization answered "Yes" on Form 9	Art, Historical Treasures, or 0	
Par	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC	Art, Historical Treasures, or C 990, Part IV, line 8. 958), not to report in its revenue state	ement and balance sheet works of art,
Par	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in further	ement and balance sheet works of art,
Par 1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhilt the text of the footnote to its financial statements that describe	Art, Historical Treasures, or 090, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in furtheres these items.	ement and balance sheet works of art, rance of public service, provide, in Part XIII,
Par 1a	Complete if the organization answered "Yes" on Form Solution of Accomplete if the organization answered "Yes" on Form Solution of the organization elected, as permitted under SFAS 116 (ASCOME IN THE NEW YES) of the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASCOME)	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in further es these items.	ement and balance sheet works of art, rance of public service, provide, in Part XIII, nt and balance sheet works of art, historical
Par 1a	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describing the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, education of the similar assets held for public exhibition, educations are similar assets held for public exhibition.	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in further es these items.	ement and balance sheet works of art, rance of public service, provide, in Part XIII, nt and balance sheet works of art, historical
Par 1a	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describing the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurelating to these items:	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in furtheres these items. 2958), to report in its revenue stateme ucation, or research in furtherance of p	ement and balance sheet works of art, rance of public service, provide, in Part XIII, and balance sheet works of art, historical public service, provide the following amounts
Par 1a	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educating to these items: (i) Revenue included on Form 990, Part VIII, line 1	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in further es these items. 2958), to report in its revenue stateme ucation, or research in furtherance of p	ement and balance sheet works of art, rance of public service, provide, in Part XIII, nt and balance sheet works of art, historical public service, provide the following amounts \$ \bigseleft\ \bigseleft\ \\ \bigseleft\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Par 1a	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, education to these items: (i) Revenue included on Form 990, Part VIII, line 1	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in furtheres these items. 2958), to report in its revenue stateme ucation, or research in furtherance of p	ement and balance sheet works of art, rance of public service, provide, in Part XIII, nt and balance sheet works of art, historical public service, provide the following amounts
Par 1a	Complete if the organization answered "Yes" on Form Solution of Accomplete if the organization answered "Yes" on Form Solution if the organization elected, as permitted under SFAS 116 (ASCOM) instorical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASCOM) treasures, or other similar assets held for public exhibition, educe relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in further es these items. 2958), to report in its revenue stateme ucation, or research in furtherance of possible production.	ement and balance sheet works of art, rance of public service, provide, in Part XIII, nt and balance sheet works of art, historical public service, provide the following amounts
Par 1a b	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, education to these items: (i) Revenue included on Form 990, Part VIII, line 1	Art, Historical Treasures, or 0990, Part IV, line 8. 2958), not to report in its revenue state bition, education, or research in furtheres these items. 2958), to report in its revenue stateme acation, or research in furtherance of purchase, or other similar assets for finance (ASC 958) relating to these items:	ement and balance sheet works of art, rance of public service, provide, in Part XIII, and and balance sheet works of art, historical public service, provide the following amounts

Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		t III Organizations Maintaining C	ollections of Art	t, Histor	ical Tre	asures, or	Other \$	Similar	Assets	(continu	ıed)	<u> , </u>
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the f	ollowing that a	ıre a sign	ificant u	se of its c	ollection it	tems	
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization solicition? Yes N Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21. Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. If a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. If a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. If a is the organization indude an amount or form 990, Part X, line 21, for escrew or custodial account liability? Yes N Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. If Ending belance If Ending belance If Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. If a Beginning of year balance If Administrative expenses If Permovally restricted endowment Part XIII and provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-andowment Part XIII and Selform 990, Part X, line 10. If yes Ivided the organizations If yes Ivided the organizatio		(check all that apply):										
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funder stanter than to be maintained as part of the organization scollection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. □ If 'Yes, 'Ne', Part Y' Endowment in Part XIII and complete the following table: □ Beginning belance □ Amount 1c	а	Public exhibition	d	Lo	an or exc	hange progran	าร					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization's collection? 4 Part IV Ecorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 5 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 6 Beginning balance 7 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII and complete the following table: 8 Part V Endowment Funds. Complete if the organization has been provided on Part XIII 9 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 9 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 9 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 9 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 9 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 9 Part V Endowment Funds and part XIII. Check here if the explanation has been provided on Part XIII. 9 Part V Endowment Funds and part XIII Check here if the explanation has been provided on Part XIII. 9 Part V Endowment Funds and part XIII Check here if the explanation has been provided on Part XIII with the Intended uses and programs. 9 Part V Endowment I Part XIII Intended uses an analysis of the organization and part XIII organization served "Yes" on Form 990, Part IV, line 10. 9 Part V Endowment I Part XIII Intended uses of the organization is endowment Intended uses of the organizatio	b	Scholarly research	е									
## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ine 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ine 21. Is If "Yes," explain the arrangement in Part XIII and complete the following table:												
50 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes N N Yes, "explain the arrangement in Part XIII and complete the following table: 1			ollections and explain	how they	further th	e organization	's exemn	t purpos	se in Part	XIII.		
To be sold to raise funds rather than to be maintained as part of the organization's collection?			•	•		•	•					
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?				•		•				Yes		No
reported an amount on Form 990, Part X, line 21. a Sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par											110
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?)	- gar nearro	ir anoworda i	00 0111	01111 000	, , , , , , , , , , , , , , , , , , , ,			
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a			iary for co	ntributions	s or other asse	ts not inc	cluded				
b fr 'Yes,' explain the arrangement in Part XIII and complete the following table: C Seginning balance				-						Yes		No
Amount	h											
c Beginning balance d Additions during the year 1 dd		in res, explain the unangement in rail with	and complete the lon	iowing tac						Δmount		
d Additions during the year Distributions during the year	_	Reginning halance						10		Amount		
e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												—
### Ending balance 11												—
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												—
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance										7		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_					•	?	L	」 Yes	\vdash	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) F												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Pai	t v Endowment Funds. Complete										
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Pri	or year	(c) Iwo years	back (c	i) Three y	ears back	(e) Four	ears b	<u>ack</u>
c Net investment earnings, gains, and losses d Grants or scholarships												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	С											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships										
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities										
g End of year balance		and programs										
g End of year balance	f	Administrative expenses										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
b Permanent endowment \	2		ent year end balance	e (line 1g,	column (a)) held as:						
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment	·	%								
Temporarily restricted endowment ▶	b	Permanent endowment	%	_								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiiii) related organizations (iiiiiiiii) related organizations (iiiiiiiiiiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Temporarily restricted endowment										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings Buildings Buildings			uld equal 100%.									
by: (i) unrelated organizations (ii) related organizations by If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) Complete if the organization answered "Yes" on Form 990, Part X, line 10.	За			tion that a	re held an	nd administere	d for the	organiza	ation			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value 1a Land b Buildings			55.5.7 57 1.75 5. gu .					o.ga <u>-</u> c		[·	/es	Nο
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value		-										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation Land Buildings Buildings	h	If "Vos" on line 3a(ii) are the related organiza	tions listed as require	od on Sch	odulo P2							—
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings	4									Sb		—
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings	Par			willetit lui	ius.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) Buildings				Part IV I	ine 11a S	ee Form 990 I	Part X lir	ne 10				
basis (investment) basis (other) depreciation 1a Land b Buildings									-d	(d) Rook	value	
1a Land b Buildings		bescription of property	','			I .			,	(a) Book	value	
b Buildings	1-	Lond	<u> </u>	.5.10	24013	(53.101)	асрі	- Jacon				—
												—
c Leasenoid improvements				+		-						—
					1	2 2/0		12 2	10			<u> </u>
450 600 440 654 40 050										1 0		<u>0.</u>
e Other								±0,0	/ 1 •			

Schedule D (Form 990) 2018 CULTURESOURO	CE		26	-1476029	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market v	'alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of					
(a) Description of investment	(b) Book value	(c) Method of V	valuation: Cost or end	d-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" o		line 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book va	
(1) FIDUCIARY FUNDS HELD FOR C	THERS			772	<u>, 891</u>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	772	<u>,891</u>
Part X Other Liabilities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV,		n 990, Part X, line 25 T		
1. (a) Description of liability		(b) Book value			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FIDUCIARY FUNDS DUE TO OTHERS	772,891.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	772,891.

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

	URESOURCE			.476029 Page
Part XI Reconciliation of Revenu	ue per Audited Financial Stat	ements With Revenu	ue per Return.	
Complete if the organization ans	swered "Yes" on Form 990, Part IV, line	e 12a.		
1 Total revenue, gains, and other support	t per audited financial statements		1	1,030,688
2 Amounts included on line 1 but not on	Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investr	nents	2a		
b Donated services and use of facilities		2b		
c Recoveries of prior year grants		2c		
d Other (Describe in Part XIII.)		2d		
e Add lines 2a through 2d			2e	0 .
3 Subtract line 2e from line 1			3	1,030,688
4 Amounts included on Form 990, Part V				
a Investment expenses not included on F	Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		4b		
c Add lines 4a and 4b			4c	0 .
5 Total revenue. Add lines 3 and 4c. (This				1,030,688
D VII D	sac nar Auditad Einanaial Sta	tements With Expen	isas nar Ratiirn	L_
Part XII Reconciliation of Expens	ses per Addited Filialiciai Sta	terrierite With Exper	ises per rietarri	-
•	swered "Yes" on Form 990, Part IV, line	-		
•	swered "Yes" on Form 990, Part IV, line	e 12a.	·	
Complete if the organization ans	swered "Yes" on Form 990, Part IV, line financial statements	e 12a.	·	
Complete if the organization ans 1 Total expenses and losses per audited	swered "Yes" on Form 990, Part IV, line financial statements Form 990, Part IX, line 25:	e 12a.	·	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on	swered "Yes" on Form 990, Part IV, ling financial statements Form 990, Part IX, line 25:	e 12a.	·	
Complete if the organization ans 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments	swered "Yes" on Form 990, Part IV, ling financial statements Form 990, Part IX, line 25:	2a 2b	·	
Complete if the organization ans 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments	swered "Yes" on Form 990, Part IV, ling financial statements Form 990, Part IX, line 25:	2a 2b 2c	·	
Complete if the organization ans 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses	swered "Yes" on Form 990, Part IV, line financial statements Form 990, Part IX, line 25:	2a 2b 2c 2d	1	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	swered "Yes" on Form 990, Part IV, lind financial statements Form 990, Part IX, line 25:	2a 2b 2c 2d	1	
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	swered "Yes" on Form 990, Part IV, line financial statements Form 990, Part IX, line 25:	2a 2b 2c 2d	1	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	financial statements Form 990, Part IV, line 25: K, line 25, but not on line 1:	2a 2b 2c 2d	1	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX a Investment expenses not included on F	financial statements Form 990, Part IV, line 25: K, line 25, but not on line 1:	2a 2b 2c 2d 4a	1	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX a Investment expenses not included on F b Other (Describe in Part XIII.)	financial statements Form 990, Part IV, line 25: (, line 25, but not on line 1: Form 990, Part VIII, line 7b	2a	1	720,720 0. 720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX a Investment expenses not included on F b Other (Describe in Part XIII.)	Swered "Yes" on Form 990, Part IV, line financial statements Form 990, Part IX, line 25: (, line 25, but not on line 1: Form 990, Part VIII, line 7b	2a	2e 3	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX a Investment expenses not included on F b Other (Describe in Part XIII.) c Add lines 4a and 4b	Form 990, Part IV, line 1: Form 990, Part IV, line 1: Form 990, Part VIII, line 7b	2a	2e 3	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX a Investment expenses not included on F b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (T) Part XIII Supplemental Information	swered "Yes" on Form 990, Part IV, line financial statements Form 990, Part IX, line 25: (, line 25, but not on line 1: Form 990, Part VIII, line 7b	2a	2e 3 4c 5	720,720
Complete if the organization and 1 Total expenses and losses per audited 2 Amounts included on line 1 but not on a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX a Investment expenses not included on F b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (The	financial statements Form 990, Part IX, line 25: (, line 25, but not on line 1: Form 990, Part VIII, line 7b his must equal Form 990, Part I, line 18 on. ines 3, 5, and 9; Part III, lines 1a and 4	2a	2e 3 4c 5	720,720

ASC GUIDANCE REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD INCOME TAX POSITION IS REQUIRED TO BE MET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS AND APPLIES TO ALL INCOME TAX POSITIONS. EACH INCOME TAX POSITION IS ASSESSED USING A TWO-STEP PROCESS. A DETERMINATION IS FIRST MADE AS TO WHETHER IT IS MORE LIKELY THAN NOT THAT THE INCOME TAX POSITION WILL BE SUSTAINED, BASED UPON TECHNICAL MERITS, UPON EXAMINATION BY THE TAXING AUTHORITIES. IF THE INCOME TAX POSITION IS EXPECTED TO MEET THE MORE LIKELY THAN NOT CRITERIA, THE BENEFIT RECORDED IN THE FINANCIAL STATEMENTS EQUALS THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY TO BE REALIZED UPON ITS ULTIMATE

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
CULTURESO							26-1476029
Part I General Information on Grants a							
1 Does the organization maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis							Yes X No
2 Describe in Part IV the organization's pro						/ F 000 P	NV Ess Od favores
Granto and Other Abolicance to 1	-				anization answered "1	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
INSIDE OUT LITERARY ARTS							
5143 CASS AVE SUITE 225, STATE HALL							TP PROVIDE SUPPORT TO
DETROIT, MI 48202	31-1428704	501(C)(3)	5,500.	0.			STUDENTS
HERITAGE WORKS							
4444 2ND AVE							TO PROVIDE SUPPORT TO THE
DETROIT, MI 48201	38-3581720	501(C)(3)	5,500.	0.			YOUTH
FOCUS HOPE							TO PROVIDE GURDORE TO
1400 OAKMAN BOULEVARD	38-1948285	E01/G\/3\	5,000.	0.			TO PROVIDE SUPPORT TO MULTICULTURAL COMMUNITIES
DETROIT, MI 48238	36-1346265	501(C)(3)	3,000.	0.			TO PROVIDE SUPPORT TO THE
SIGNAL RETURN							PRESERVATION OF THE ART
1345 DIVISION ST STE 102							AND CRAFT OF LETTERPRESS
DETROIT, MI 48207	45-2694042	501(C)(3)	5,500.	0.			PRINTING
			,				
DETROIT SYMPHONY ORCHESTRA							TO PROVIDE SUPPORT TO THE
3711 WOODWARD AVENUE							LEADER IN THE WORLD OF
DETROIT, MI 48201	38-1385132	501(C)(3)	1,000.	0.			CLASSICAL MUSIC
SEAFOAM PALACE							
6460 KERCHEVAL AVE	46 E204202	E01/G\/3\	7 014	0			TO PROVIDE SUPPORT TO THE
DETROIT, MI 48207	46-5304293	I	7,014.	0.			PARTS ORGANIZATION ► 12.
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•	e iine i table				
LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) (2018)

26-1476029

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N'NAMDI CENTER							
52 E FOREST AVE							TO PROVIDE SUPPORT FOR
DETROIT, MI 48201	27-2784509	501(C)(3)	5,000.	0.			ENRICHMENT AND EDUCATION
	1 27 27 0 20 0 5		1 ,,,,,,,	•			
MOTOR CITY BRASS BAND							
24901 NORTHWESTERN HWY SUITE 312							TO PROVIDE SUPPORT TO THE
SOUTHFIELD, MI 48075	38-3319093	501(C)(3)	5,000.	0.			YOUTH BAND
			, -	-			
AKROPOLIS							TO PROVIDE SUPPORT TO
416 BEAL ST							SUSTAIN CLASSICAL MUSIC
NORTHVILLE, MI 48167	46-1395008	501(C)(3)	1,000.	0.			COMMUNITIES
			, -	-			
MOTOR CITY DANCE ACADEMY/ALLIED							TO PROVIDE SUPPORT TO
MEDIA PROJECTS - 4126 3RD AVE -							CULTIVATE MEDIA FOR
DETROIT, MI 48201	01-0559608	501(C)(3)	10,500.	0.			LIBERATION
,							TO PROVIDE SUPPORT TO
UM GIRLS ROCK DETROIT							FOSTER GIRLS CREATIVE
278 WEST IROQUOIS							EXPRESSION THROUGH MUSIC
PONTIAC, MI 48341	47-3614005	501(C)(3)	5,000.	0.			EDUCATION AND PERFORMANCE
ionime, mi iosii	17 3011003	301(0)(3)	3,000.	· ·			
PEWABIC							TO PROVIDE SUPPORT TO
10125 E JEFFERSON AVE							ENRICH THE HUMAN SPIRIT
DETROIT, MI 48214	38-2277840	501(C)(3)	5,000.	0.			THROUGH CLAY
	33 2277323		,,,,,,	•			
		l .	<u> </u>		l	L	L

Part III Grants Part III	s and Other Assistance to Domestic Individuals. can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supple	emental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
		·				

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CULTURESOURCE

Employer identification number 26-1476029

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOUTHEAST MICHIGAN.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAMS FOR REGIONAL ARTS PROJECTS AND IN CAPACITY BUILDING FOR OUR
OWN ORGANIZATION THROUGH A COMPREHENSIVE ASSESSMENT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
INNOVATIONS IN DIGITAL MEDIA MADE THIS ONLINE CALENDAR IRRELEVANT AND
COST-PROHIBITIVE TO MAINTAIN.)
FORM 990, PART VI, SECTION B, LINE 11B:
EXECUTIVE DIRECTOR GIVES FORM 990 TO THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS HAVE TO INFORM THE BOARD OF ANY CONFLICTS OF INTERST WHEN
THEY ARISE AND ALSO THE BOARD REVIEWS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15A:
EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19:
THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION ON THE GUIDESTAR WEBSITE
AND IN THE ADMINISTRATIVE OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization CULTURESOURCE	Employer identification number 26-1476029
LEASED EMPLOYEES (UNDER PEO ARRANGEMENT):	
PROGRAM SERVICE EXPENSES	226,095.
MANAGEMENT AND GENERAL EXPENSES	58,139.
FUNDRAISING EXPENSES	38,759.
TOTAL EXPENSES	322,993.
OTHER CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	11,462.
MANAGEMENT AND GENERAL EXPENSES	2,947.
FUNDRAISING EXPENSES	1,965.
TOTAL EXPENSES	16,374.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	339,367.