Form **990**

Return of Organization Exempt From Income Tax

2018

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

Inspection

OMB No. 1545-0047

Α	For the	2018 calend	lar year, or tax year begi	nning		, 2018, and en	nding		, 20
В	Check if a	pplicable:	C Name of organization AFR	CAN ROAD INC					Employer identification no.
	Address c	hange	Doing business as						27-2992818
$\overline{\Box}$	Name cha	ange	Number and street (or P.O. be	ox if mail is not delivered to stree	t address)		Room/suite		Telephone number
$\bar{\Box}$	Initial retu	-	13500 SW 72ND		,				(503) 530 - 8633
Ħ		rn/terminated		, country, and ZIP or foreign pos	tal codo				Gross receipts
					ital code			T,	•
	Amended		TIGARD, OR 972						\$ 931,240
Ш	Applicatio	n pending	F Name and address of principa		WARNER		H(a) Is this a group		
		<u>-</u>	SAME AS C ABOV				H(b) Are all subo		
<u> </u>	Tax-exem	pt status: X	501(c)(3) 501(c) () (insert no.) 494	47(a)(1) or 5	527	If "No,"	attach a	list. (see instructions)
J	Website:		V.AFRICANROAD.ORG				H(c) Group exe	mption r	number
		rganization: X	Corporation Trust As	ociation Other	L	Year of formation: 2	010 M State	of legal	I domicile: OR
Pa	art I	Summar	У						
	1	Briefly descr	ribe the organization's miss	sion or most significant ac	ctivities: AFRI	CAN ROAD INC	C BUILDS BR	IDGE	S OF
•		RELATION	DING	TRAINING,					
nce		RESOURCE	S, FUNDING STRAT	EGIC PLANNING, A	ND CAPACITY	BUILDING.			
rna									
Governance	2	Check this b	ox ▶ ☐ if the organizatio	n discontinued its operation	ons or disposed o	of more than 25% of	of its net assets.		
	3	Number of v	oting members of the gove	erning body (Part VI. line	1a)			3	4
•ප් ග	4		ndependent voting membe					4	4
Activities	5		er of individuals employed i					5	3
ίξ	6		er of volunteers (estimate if					6	
Ac			ted business revenue from	* *				7a	0
	1		ed business taxable income						0
	В	Net unrelate	d business taxable income	illom Form 990-1, line 3	0			7b	0
Revenue							Prior Year		Current Year
	8	Contributions	,430	931,240					
	9		rvice revenue (Part VIII, lin						0
eve	10		ncome (Part VIII, column (0
Ř	11		ue (Part VIII, column (A), li	_	71	,897	(36,794)		
	12	Total revenu	e - add lines 8 through 11	must equal Part VIII, colu	umn (A), line 12)		439	,327	894,446
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)					0
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4) .					0
- 10	15	Salaries, oth	ner compensation, employe	e benefits (Part IX, colum	nn (A), lines 5-10)		150	,754	134,908
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e) .					0
oen	b	Total fundrai	ising expenses (Part IX, co	lumn (D), line 25) ▶		0			
X	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			321	,630	622,456
		•	ses. Add lines 13-17 (mus		A). line 25)			,384	<u> </u>
	I		s expenses. Subtract line			_		,057	
-							Beginning of Current		End of Year
ets o	20	Total assets	(Part X, line 16)					,018	
Asse	21		es (Part X, line 26)			<u> </u>		,126	
Net Assets or	22		or fund balances. Subtract			_		,892	
	art II		re Block	iiile 21 iioiii iiile 20			39	,032	190,974
			clare that I have examined this reti	urn including accompanying sch	edules and statements	and to the hest of my k	nowledge and helief i	is	
			claration of preparer (other than of				,		
Sig	n	—	Y BEAN re of officer					Date	
_	_				Date				
He	re	-	Y BEAN, EXEC DIRE	CTOR					
		I ype or	print name and title	T		I			
_			eparer's name	Preparer's signature		Date	Check	if F	PTIN
Pa			Spiegel				self-employe	ed	XXXXXXXX
	eparer		▶ Noreen	Spiegel, CPA PC			Firm's EIN ▶		
Us	e Only	Firm's addres	6655 SW	Hampton St Sui	te 110A		Phone no.		
			Tigard (DR 97223			5	03-6	20-1069
May	the IRS	S discuss this	return with the preparer s	nown above? (see instruc	ctions)				🛛 Yes 🗌 No

) (Revenue \$

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

4e Total program service expenses ► 392,246

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		X
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)			7.7
_	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,	_		3.7
•	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,	0		
,	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? <i>If</i> "Yes,"	-		
o	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	-		22
Ü	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			T.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		7.7
	Schedule D, Parts XI and XII	12a		X
D	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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		22
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Page 4 AFRICAN ROAD INC 27-2992818 Checklist of Required Schedules (continued) Part IV 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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prime winners?	140	1	1

					res	ON
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	()		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	()		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? 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			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management			
			Yes	No
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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KELLY BEAN (503)530-8633, 13500 SW 72ND AVE STE 205, TIGARD, OR 97223			

Form 990 (2018) AFRICAN ROAD INC 27-2992818 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 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Check this box if flerther the organization flor any ferate	U Organizatio	Comp	001150		C)	illelit 0	incer, director, or tr	usiee.	
(4)	(B)			Pos			(0)	(5)	(5)
(A)	(B)				ore than		(D)	(E)	(F)
Name and Title	Average hours per				son is bo ector/trus		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	Onice	or arro	a a aii	ector/true	3(00)	from	related	other
	hours for	0 =	=	0	7	о д т	the	organizations	compensation
	related organizations	dire	stitu	Officer	ey e	Highes	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dual	tion	-	mpla	er est co	(11 2) 1000 (11100)		and related
	line)	Individual trustee or director	al tru		Key employee	dmo			organizations
		lee	Institutional trustee			Highest compensated employee			
			, a			ited	, in the second		
(1) SEAN CALLAGHAN				7.7				_	_
OFFICER				X			(0	0
(2) JENNIFER WARNER				7.7					
PRESIDENT				Х			(0	0
(3) KELLY BEAN	40.00								
EXECUTIVE DIRECTOR				Х			54,024	0	0
(4) CAROL LENTZ									
TREASURER				Х			(0	0
(5) JONI POWERS									
OFFICER				Χ			(0	0
<u>(6)</u>									
(7)									
				\rightarrow					
<u>(8)</u>									
(0)									
<u>(9)</u>									
(10)									
(10)									
(11)									
(11)									
(12)									
(12)									
(13)			\neg						
(13)									
(14)									
Σ-'									
EEA	1						1	1	Form 990 (2018)

Section A.

Pa	a	۵	2

Part VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	nes	st Com	pen	sated Employees	s (continuea)		
	(C)										
(A)	(B)	(B) Position (do not check more than one				(D)	(E)		(F)		
Name and title	Average	Average box, unless person is both an				Reportable	Reportable		nated		
	hours per week (list any					/trustee)		compensation from	compensation from related	1	unt of ther
	hours for	Individual trustee or director	Insti	Officer	Key	High	Former	the	organizations	compe	ensation
	related	irect	tutio	er	Key employee	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	m the nization
	organizations below dotted	or or	nal		oloye	e com		(VV-2/1099-IVII3C)		_	related
	line)	Istee	Institutional trustee		96	pens				1	izations
			96			Highest compensated employee					
<u>(15)</u>											
(16)											
(17)											
(18)											
(19)											
(20)											
							-				
(21)				r							
(22)											
(23)					1						
(24)			-				\dashv				
(24)											
(25)											
1b Sub-total											
c Total from continuation sheets to Part VII, Section						,					
d Total (add lines 1b and 1c)						• • •	•	54,024	0		0
2 Total number of individuals (including but not limite											
reportable compensation from the organization	d to those list	eu abc)VC)	WITO	160	erveu r	11016	; that \$100,000 or	0		
Toportable comportation the organization										1	res No
3 Did the organization list any former officer, director	or, or trustee.	kev er	olar	vee.	or	hiahest	t cor	mpensated			
employee on line 1a? If "Yes," complete Schedule										3	X
4 For any individual listed on line 1a, is the sum of rep											
organization and related organizations greater tha											
individual										4	X
5 Did any person listed on line 1a receive or accrue of					ated	l organi	izati	on or individual			
for services rendered to the organization? If "Yes,			-			-				5	X
Section B. Independent Contractors	'					,					
Complete this table for your five highest compensate	ed independer	nt cont	racto	ors th	nat r	eceive	d mo	ore than \$100,000	of		
compensation from the organization. Report compe	nsation for the	e caler	ndar	year	en	ding wi	th or	within the organiz	ation's tax		
year. (A)								(B)		(C	١
Name and business address								Description of	services	Comper	
Traine and business address								2 coonpaint of		Samper	
2 Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	oove) w	ho				
received more than \$100,000 of compensation from	n the organiza	ation									

Stat	eme	nt c	of R	eve	nue

		Check if Schedule O contains a response of	or no	ote to any line in thi	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			Tevende		012 014
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
Gra	c		1c					
ifts, Ir Al	d		1d					
nija Big	e		1e					
Sii	f	All other contributions, gifts, grants,	16					
buti	'		4.5	021 040				
ntri d O	_	Noncash contributions included in lines 1a-1f	1f	931,240				
S a	g		*		001 040			
	h	Total. Add lines 1a-1f	• •		931,240			
٥				Business Code				
/enu	2a		_					
Re	b		_					
Program Service Revenue	С		_					
Ser	d		_					
Iram	е		_					
Prog		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere	st,					
		and other similar amounts)						
	4	Income from investment of tax-exempt bond p						
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss) ,						
	d	Net gain or (loss)						
e	l .	Gross income from fundraising						
/enue		events (not including \$)				
Other Rev		of contributions reported on line 1c).						
er		See Part IV, line 18	а					
₹	b	Less: direct expenses		36,794				
	l .				(36,794)		(36,794)
		Gross income from gaming activities.			(00)111			(00),52
		See Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gaming activities		•				
		, , ,	• •					
	10a	Gross sales of inventory, less returns and allowances	а					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	• •	Business Code				
	11a			Dusiliess Code				
	b						<u> </u>	+
								+
	C	All other revenue						+
		Total. Add lines 11a-11d			004 445			(26 761)
	12	Total revenue. See instructions			894,446	0		0 (36,794)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (A) Total expenses (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 78,864 78,864 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 33,866 33,866 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 Other employee benefits 9,286 9,286 10 12,892 12,892 Fees for services (non-employees): Legal........... b 2,336 2,336 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 55,249 55,249 12 Advertising and promotion 639 639 13 Office expenses 14 Information technology 6,745 6,745 Royalties 15 16 Occupancy 10,613 10,613 17 115,186 115,186 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 242 242 23 5,012 5,012 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.) BANK CHARGES & MERCHANT FEES 7,918 7,918 b BUSINESS MEALS 4,067 4,067 SUPPORT TO PROGRAMS С 392,246 392,246 d All other expenses е 22,203 22,203 25 Total functional expenses. Add lines 1 through 24e 757,364 392,246 365,118 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	65,804	1	190,341
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
(0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	8,852	9	10,665
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2,097			
	b	Less: accumulated depreciation 10b 1,977	362	10c	120
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	75,018	16	201,126
	17	Accounts payable and accrued expenses	126	17	4,152
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	15,000	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	15,126	26	4,152
		Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
lanc	27	Unrestricted net assets	59,892	27	196,974
Bal	28	Temporarily restricted net assets		28	
pur	29	Permanently restricted net assets		29	
Ĩ.		Organizations that do not follow SFAS 117 (ASC 958), check here and			
Net Assets or Fund Balances	20	complete lines 30 through 34.		20	
ssel	30	Capital stock or trust principal, or current funds		30	
t A	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Š	33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	59,892	33	106 074
	34	Total liabilities and net assets/fund balances	75,018	34	196,974 201,126
	→ T	. C.C. III CONTINUO GITO TION GOODSO/TOTTO DUIGITOCO	, , , , , ,	∪ T	201,120

orm 990 (2018)	AFRICAN ROAD INC	27-2992818	Page 12
----------------	------------------	------------	----------------

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	1 Total revenue (must equal Part VIII, column (A), line 12)		894,446		446
2	? Total expenses (must equal Part IX, column (A), line 25)		757,364		
3	3 Revenue less expenses. Subtract line 2 from line 1		137,		082
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		59,		892
5	5 Net unrealized gains (losses) on investments				
6 Donated services and use of facilities		6			
7	7 Investment expenses				
8	8 Prior period adjustments				
9	9 Other changes in net assets or fund balances (explain in Schedule O)		C		0
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		196,	974
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 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:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA	EEA I			n 990 (2018)