

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

| Form | 9 | 9 | 0 |
|---------|--------|-------|----------|
| Departm | nent o | f the | Treasury |

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

| Open to Public | |
|----------------|--|
| | |

| B Check if applicable: Address change Name change Initial return Amended Amen | E ry, and ZIP or foreign pos)4 CHRISTIAN E, SPRINGFIEL () ◀ (insert no. Association C n or most significant a TO MEET EME | stal code N MECHLIN D, MO 65804 .) 4947(a)(1) | or 527 | 47-1 E Teleph (417) G Gross H(a) Is this subor H(b) Are all | - 49438 one numb 862- receipts \$ a group ret dinates? subordinates ," attach a li | er 7771 turn for | 011,571. Yes X No Yes No | |
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| Address change Doing Business As Name change Number and street (or P.O. box if mail 1740 S GLENSTONE AVE City or town, state or province, country SPRINGFIELD, MO 6580 F Name and address of principal officer: 1740 S GLENSTONE AVE I Tax-exempt status: X 501(c)(3) 501(c) J Website: ► CARETOLEARN.ORG K Form of organization: X Corporation Trust Part I Summary 1 Briefly describe the organization's mission PROVIDE IMMEDIATE FUNDING HYGIENE NEEDS SO EVERY ST 2 Check this box ►if the organization 3 Number of individuals employed in cond 6 3 Number of volunteers (estimate if necond 7a Total num | E ry, and ZIP or foreign pos)4 CHRISTIAN E, SPRINGFIEL () ◀ (insert no. Association C n or most significant a TO MEET EME | stal code N MECHLIN D, MO 65804 .) 4947(a)(1) | or 527 | E Teleph (417) G Gross H(a) Is this subor H(b) Are all If "No | one numb 862 – receipts \$ a group ret dinates? subordinates ," attach a li | er 7771 2, turn for | Yes X No Yes No | |
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| b Net unrelated business taxable income from 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), 11 Other revenue (Part VIII, column (A), liness 12 Total revenue - add lines 8 through 11 (mm) | | | | | | | 0 | |
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| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), 11 Other revenue (Part VIII, column (A), lines 12 Total revenue - add lines 8 through 11 (m | | | | 1,730 | | | 740,350 | |
| 11 Other revenue (Part VIII, column (A), lines 12 Total revenue - add lines 8 through 11 (m | | | | | 5,386. | | 2,345 | |
| 11 Other revenue (Part VIII, column (A), lines 12 Total revenue - add lines 8 through 11 (m | lines 3, 4, and 70) | L | ↓ | | ,584. | | 132,041 | |
| 0 (| s 5, 6d, 8c, 9c, 10c, ar | nd 11e) | | | ,021. | | -266,669 | |
| 13 Grants and similar amounts paid (Part IX.) | | | | | ,961. | 1, | 608,067 | |
| | | | | 806 | 5,380. 0. | | 923,857 | |
| | enefits paid to or for members (Part IX, column (A), line 4) | | | | | | | |
| Salaries, other compensation, employee b | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 147, 137. | | | | | | | |
| Salaries, other compensation, employee b 16a Professional fundraising fees (Part IX, colu b Total fundraising expenses (Part IX, colum | mn (A), line 11e) | 147 137 | ••••+ | | 0. | | 0 | |
| D Total fundraising expenses (Part IX, column | | | | 317 | ,574. | | 215,876 | |
| 17 Other expenses (Part IX, column (A), lines 18 Total expenses. Add lines 13-17 (must eq | ual Part IX, column (A | () line (25) | ••••+ | | ,687. | | 369,698 | |
| 19 Revenue less expenses. Subtract line 18 f | rom line 12 | (), inte 20) | · · · · · · | | ,274. | | 238,369 | |
| | | <u></u> | | Beginning of Cur | | End | of Year | |
| Total assets (Part X, line 16)Total liabilities (Part X, line 26)21222324252627282929202122232425262727282929202122232425262727282929202021222324252627272829292020212122232425262727282929292020212122232425262727282929292920202121222324252627272829292920202021 </td <td></td> <td></td> <td></td> <td>0 0</td> <td>,322.</td> <td></td> <td>042,875</td> | | | | 0 0 | ,322. | | 042,875 | |
| 21 Total liabilities (Part X, line 26) | | | | 57 | ,877. | | 118,272 | |
| 22 Net assets or fund balances. Subtract line | | | | 4,644 | ,445. | 4, | 924,603 | |
| Part II Signature Block | | | | | | | | |
| Under penalties of perjury, I declare that I have examined true, correct, and complete. Declaration of preparer (other t | this return, including a | accompanying schedu | ules and stateme | nts, and to the b | est of my | knowledge a | and belief, it is | |
| | inan onicer) is based on | | | any knowledge. | | | | |
| Sign Signature of officer | | | | | | | | |
| Sign Signature of officer | | | | Date | e | | | |
| | | | | | | | | |
| Type or print name and title | Drep er de staar t | - | Date | | | PTIN | | |
| Paid | Print/Type preparer's name Preparer's signature | | | | | | | |
| Preparer | | | | | mployed | P00422 | | |
| Use Only Firm's name BKD, LLP | | | | Firm's EIN | - | -016026 | | |
| Firm's address > 910 E ST LOUIS #200/F May the IRS discuss this return with the preparer sh | | | | Phone no. | | 7 865-8 X Ye | | |
| For Paperwork Reduction Act Notice, see the sepa | | ructions) | | | | . X Ye | s No | |

| _ | m 990 (2018) | Page 2 |
|------|--|-------------------------------|
| Pa | art III Statement of Program Service Accomplishments | |
| - | Check if Schedule O contains a response or note to any line in this Part III | X |
| | Briefly describe the organization's mission: THE MISSION OF CARE TO LEARN IS TO PROVIDE IMMEDIATE FUNDING TO MEET | |
| | EMERGENT NEEDS IN THE AREAS OF HEALTH, HUNGER, AND HYGIENE SO EVERY | |
| | STUDENT CAN BE SUCCESSFUL IN SCHOOL. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? Ye | es X No |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | s X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as n | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | is to others, |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 12 | (Code:) (Expenses \$ 1,006,809. including grants of \$ 923,857.) (Revenue \$ 2,34 | -) |
| | OUR VISION IS ALL STUDENTS HAVE THE CONFIDENCE, SELF-WORTH, AND | 5) |
| | RESOURCES TO MAXIMIZE THEIR LEARNING POTENTIAL AND BECOME | |
| | SELF-SUFFICIENT CITIZENS. OUR GOAL IS SIMPLE; TO HAVE MONIES | |
| | CONSISTENTLY AVAILABLE TO IMMEDIATELY MEET THE NEEDS OF | |
| | UNDER-RESOURCED STUDENTS. CARE TO LEARN HAS OPERATED SINCE 2008 AND | |
| | SINCE THAT TIME HAS PROVIDED HEALTH, HUNGER AND HYGIENE SUPPORT | |
| | OVER 1,000,000 TIMES TO STUDENTS. SEE SCHEDULE O FOR MORE | |
| | INFORMATION. | |
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| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$ |) |
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| 4d | Other program services (Describe in Schedule O.) | |
| 4 - | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 1,006,809. | . 000 (00.00) |
| 8E10 | ^{020 1.000} Form 3874JM K929 7/7/2020 6:27:40 AM V 18-8.6F 1149279 | n 990 (2018) PAGE 4 |
| | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ | |

47-1494384

CARE TO LEARN

| Part | V 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 (see instructions)? | 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 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 | Х | |
| 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 | Х | |
| 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 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | 37 |
| | 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 | | | v |
| | 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 | | | v |
| 47 | 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 | 4- | | v |
| 40 | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 40 | Х | |
| 10 | Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | Λ | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | Х |
| 20- | If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | | X |
| | | 20a | | |
| р 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
| | | 5 1 | | |

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Page **4**

| Part | V 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 | | х | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Λ | <u> </u> |
| 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 | 23 | | x |
| 24 0 | employees? <i>If "Yes," complete Schedule J</i> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | |
| 24 a | \$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 |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | <u> </u> |
| U | to defease any tax-exempt bonds? | 24c | | |
| Ь | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | <u> </u> |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | <u> </u> |
| 254 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 200 | | |
| | 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 | | х |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 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 | | 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, | | | 37 |
| | or IV, and Part V, line 1. | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 254 | | |
| | controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 20 | | x |
| 27 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 31 | | |
| 30 | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | 30 | | L |
| Tart | Check if Schedule O contains a response or note to any line in this Part V. | | | |
| | | ••• | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| - | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
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| | | | | |

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| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|------|--|----------|--------|--------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 7 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| 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 | | |
| | 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 | _ | 37 | |
| | and services provided to the payor? | 7a | X X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Λ | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | - | | v |
| | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | - | | v |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| - | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| | 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 | 8 | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 0 | | |
| | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| h | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | 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 12b | | | |
| 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 13b | | | |
| с | Enter the amount of reserves on hand | | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | 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. | | | |

| Form | 990 (2018) CARE TO LEARN 47-1494 | 1384 | F | Page 6 |
|----------|--|-------|--------|---------------|
| Par | tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | | <u> </u> |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| 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 | Х | |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sect | ion 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 | Х | |
| 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 | X | |
| 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | 37 | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | 45 | v | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X X | |
| b | Other officers or key employees of the organization | 15b | Λ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | | 10- | | x |
| | with a 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 | | |
| Sect | ion C. Disclosure | 100 | | |
| | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed ▶ | (800 | tion F | 01(0) |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | (Sec | 1011 0 | 01(C) |
| | Own website Another's website X Upon request Other <i>(explain in Schedule O)</i> | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | arest | nolia | 1 204 |
| 19 | financial statements available to the public during the tax year. | 51851 | policy | y, anu |
| 20 | | c 🕨 | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record STEPHANIE STENGER 1740 S GLENSTONE AVE STE R SPRINGFIELD, MO 65804 417-862-7771 | | | |
| JSA | | Form | 990 | (2018) |

| Part VII | Compensation | στ | Officers, | Directors, | Trustees, | ney | Employees, | Hignest | Compensated | Employees, | and |
|----------|-------------------|-------|--------------|--------------|-----------------|-----------|------------|---------|-------------|------------|-----|
| | Independent Co | ontra | actors | | | | | | | | |
| | Check if Schedule | e O d | contains a r | esponse or n | ote to any line | e 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.

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

| | | (C) | | | | | | | | |
|-----------------------------|-------------------------------|---|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|---------------------------------|-----------------------------|
| (A) | (B) | (do r | not of | | ition | a than a | 200 | (D) | (E) | (F) |
| Name and Title | Average hours per | (do not check more than one box, unless person is both an | | | | | | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any | | | | | or/trust | | from | related | other |
| | hours for | 9 - | п | Q | ž | 역 표 | Ŀ | the | organizations | compensation |
| | related | Individual trustee or director | stitu | Officer | Key employee | ghe: | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | organizations below dotted | dual | tion | 7 | nplo | st oc yee | , P | (1099-1015C) | | organization and related |
| | line) | | al tru | | yee | mpe | | | | organizations |
| | | iee | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | | | ted | | | | |
| (1)MATT MILLER | 1.50 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (2)BOBBY ALLISON | 1.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (3)JIM ANDERSON | 1.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (4)STEPHANIE STENGER | 1.50 | | | | | | | | | |
| PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (5)DONN SORENSEN | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (6)JACK STACK | 1.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (7)MOREY MECHLIN | 2.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (8)DOUG PITT | 2.50 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (9)JAMI PEEBLES | 2.50 | | | | | | | | | |
| TREASURER BEG 10/18 | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (10) JEFFREY GANN | 1.50 | | | | | | | | | |
| DIRECTOR BEG 10/18 | 0. | Х | | | | | | 0. | 0. | 0. |
| (11)LINDA RAMEY-GREIWE | 45.00 | | | | | | | | | |
| EXEC DIR/SECRETARY END 1/19 | 0. | | | Х | | | | 95,400. | 0. | 0. |
| (12)CHRISTIAN MECHLIN | 45.00 | | | | | | | | | |
| EXEC DIR/SECRETARY BEG 6/19 | 0. | | | Х | | | | 0. | 0. | 0. |
| <u>(13)</u> | | - | | | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |

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| Ра | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|----------------|--|---|---|-----------------------|---------|--------------|------------------------------|-----------|--|--|---|
| | (A) Name and title | (B) Average hours per week (list any hours for | (C) Position (do not check more than box, unless person is both officer and a director/trus | | | | | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| С | Sub-total Total from continuation sheets to Part VII, Se | ection A | | | | ••• | | | 95,400. | 0 | 0. |
| | Total (add lines 1b and 1c) Total number of individuals (including but not l | limited to tl | hose | liste | | | | ► re | 95,400. ceived more than | 0. \$100,000 of | . 0. |
| 3 | Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> | er, directo | | tru | | | | | | | Yes No 3 X |
| 4 | For any individual listed on line 1a, is the sorganization and related organizations grain individual. | eater than | \$15 | 50,0 | 00? | ? <i>I</i> I | "Yes | ," (| complete Schedu | le J for such | 4 X |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | | | | | | | | | | 5 X |
| <u>Se</u> 1 | ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | rvices | (C) Compensation |
| | | | | | | | | | | | |
| | Total number of independent contractors (ir more than \$100,000 in compensation from the | | | | nite | | thos | e li | sted above) who | received | |
| JSA | 55 1 000 | | | | | | | | | | Form 990 (2018) |

| | | Check if Schedule O contains a response of | or note to any | - | | | <u>• • • • • • • • • • • • • • • • • • • </u> |
|---|---------|---|---------------------|----------------------|--|---|--|
| | | | | (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 | 1a | Federated campaigns 1a | | | | | |
| Gra | b | Membership dues 1b | 25,141. | | | | |
| r An | с | Fundraising events | 1,011,859. | | | | |
| nila | d | Related organizations 1d | | | | | |
| Sin | е | Government grants (contributions) 1e | | | | | |
| her | f | All other contributions, gifts, grants, | | | | | |
| Ğ | | and similar amounts not included above . 1f | 703,350. 46,534. | | | | |
| aŭ | g h | Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f | | 1,740,350. | | | |
| ne | | | Isiness Code | 1,,10,0001 | | | |
| ven | 2a | | 00099 | 2,345. | 2,345. | | |
| Re | b | | | | | | |
| vice | c | | | | | | |
| Ser | d | | | | | | |
| am | е | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| <u> </u> | g | Total. Add lines 2a-2f | <u></u> | 2,345. | | | 1 |
| | 3 | Investment income (including dividends, | | | | | |
| | | and other similar amounts). | | 101,350. | | | 101,350. |
| | 4 5 | Income from investment of tax-exempt bond pro | | 0. | | | |
| | 5 | Royalties | (ii) Personal | 0. | | | |
| | 6 | | | | | | |
| | 6a b | Gross rents | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | ► | 0. | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 59,511. | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses 28,820. | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | <u></u> | 30,691. | | | 30,691. |
| en | 8a | Gross income from fundraising | | | | | |
| ven | | events (not including \$1,011,859. | | | | | |
| Other Revenue | | of contributions reported on line 1c). | 108,015. | | | | |
| the | h | See Part IV, line 18 | 374,684. | | | | |
| 0 | b C | Net income or (loss) from fundraising events | | -266,669. | | | -266,669. |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 a | 0. | | | | |
| | b | Less: direct expenses b | 0. | | | | |
| | С | Net income or (loss) from gaming activities | <u></u> ▶ | 0. | | | |
| | 10a | Gross sales of inventory, less returns and allowances | 0. | | | | |
| | b | Less: cost of goods sold b | 0. | | | | |
| | С | Net income or (loss) from sales of inventory | | 0. | | | |
| | | Miscellaneous Revenue Bu | Isiness Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | C لہ | All other revenue | | | | | |
| | d e | Total. Add lines 11a-11d | | 0. | | | |
| | 12 | Total revenue. See instructions. | | 1,608,067. | 2,345. | | -134,628. |
| | | | | | | | Form 990 (2018) |

t of P

Form 990 (2018) CARE TO LEARN State

JSA

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 44,421 44,421 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 879,436 879,436 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 95,400 92,538 2,862. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 116,433. 24,300 43,682 48,451. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 11,660 4,392. 18,132. 2,080. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 4,621 4,621 **b** Legal 20,144 20,144. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 50,210. 49,206 1,004 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 350 350 12 Advertising and promotion 700. 14,183. 12,740. 743. 13 Office expenses 9,711. 154. 482. 9,075. 14 Information technology 0 15 Royalties 9,089. 1,182. 6,271 1,636. Occupancy 16 1,228. 11,166. 9,156 782. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 1,181 555 626. 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 9,977. 9,977. Insurance 23 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.) ALL OTHER EXPENSES 4,387. 3,998. 389. bLICENSES, DUES, SUBSCRIPTION 13,658 104. 2,183 11,371. c SUPPLIES 67,199 67,199. d e All other expenses 1,369,698 1,006,809. 215,752 147,137. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA 8E1052 1.000

following SOP 98-2 (ASC 958-720)

| m 990 (| | | | 1494384 Page 1 |
|--|---|--------------------------|-----|---------------------------|
| art X | Balance Sheet | | | |
| | Check if Schedule O contains a response or note to any line in this P | | | |
| | | (A) Beginning of year | | (B) End of year |
| | Oral and identified to a few | 59,574. | | 41,076 |
| 1 | Cash - non-interest-bearing | 0. | 1 | 41,070 |
| 2 | Savings and temporary cash investments | 102,100. | 2 | 23,175 |
| 3 | Pledges and grants receivable, net | 39,280. | 3 | 10,572 |
| 4 | Accounts receivable, net | 39,200. | 4 | 10,572 |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | 0. | _ | (|
| 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section | 0. | 5 | (|
| | 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 | 0. | | (|
| _ | organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | (|
| 7 8 | Notes and loans receivable, net | 0. | 7 | |
| 8 | Inventories for sale or use | 4,054. | 8 | 3,029 |
| 9 | Prepaid expenses and deferred charges | 4,034. | 9 | 5,023 |
| 10a | Land, buildings, and equipment: cost or | | | |
| h | other basis. Complete Part VI of Schedule D 10a 10b | 0. | 10c | |
| | Less: accumulated depreciation | 0. | 11 | |
| 11 12 | Investments - publicly traded securities Investments - other securities. See Part IV, line 11 | 4,497,314. | | 4,965,02 |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 12 | 1,505,02 |
| 14 | | 0. | 13 | |
| 14 | Intangible assets | 0. | 14 | |
| 16 | Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) | 4,702,322. | 16 | 5,042,87 |
| 17 | Accounts payable and accrued expenses | 11,629. | 17 | 30,51 |
| 18 | Grants payable | 0. | 18 | |
| 19 | Deferred revenue | 46,248. | 19 | 87,76 |
| 20 | Tax-exempt bond liabilities | 0. | 20 | - , - |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | |
| | Loans and other payables to current and former officers, directors, | | 21 | |
| 22 | trustees, key employees, highest compensated employees, and | | | |
| | disqualified persons. Complete Part II of Schedule L | 0. | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | | |
| 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 | 0. | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 57,877. | 26 | 118,27 |
| | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 1,597,676. | 27 | 1,541,230 |
| 28 | Temporarily restricted net assets | 1,862,888. | 28 | 2,230,833 |
| 29 | Permanently restricted net assets | 1,183,881. | 29 | 1,152,54 |
| 27 28 29 30 31 32 33 | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 4,644,445. | 33 | 4,924,603 |
| 34 | Total liabilities and net assets/fund balances | 4,702,322. | 34 | 5,042,875 |

| Form 99 | 90 (2018) | | | | Pa | ge 12 |
|---------|---|---------|-------|----------|------|--------------|
| Part | 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 | | | 08,0 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 69,6 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 38,3 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 44,4 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 41,7 | |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 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 | | 4,9 | 24,6 | 503. |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u> </u> | | |
| | | | | | 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," e | xplain | in | | | |
| | Schedule O. | | | | | 37 |
| 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 con | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | х | |
| b | Were the organization's financial statements audited by an independent accountant? | | · · | 2b | Δ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted or | na | | | |
| | 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 | | | 2. | х | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain | in | | | |
| - | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | | 3a | | х |
| | the Single Audit Act and OMB Circular A-133? | | · · - | Ja | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | 0 | | 3b | | |
| | required addit of addits, explain why in ochedule o and describe any steps taken to dildergo such ad | uitə. | | 30 | | |

| SCHE | EDU | LE | Α |
|-------|-----|----|---------|
| (Form | 990 | or | 990-EZ) |

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 Я

| Name of the organization Image of iterations an under | Internal Reve | enue Service | ļ) | Go to www.irs.go | v/Form990 for instruction | ons and t | he latest | information. | Inspection |
|---|----------------|--------------------|-------------------|-------------------------|---------------------------|-------------|------------|---------------------------|--------------------------------|
| Cart Director Reason for Public Charity Status (All organizations must complete this part). See instructions. The organization is not a private foundation because it is: (of number of through 12, check only one box). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A A school described in section 170(b)(1)(A)(ii). A happital 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 fast name, city, and state. B A forderal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). C An organization of the normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). A A forderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A a agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II). A a agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II). A norganization organization described in section 170(b)(1)(A)(v). (Complete Part II). A an organization described in section 170(b)(1)(A)(v). (Complete Part II). A and comparization described in section 170(b)(1)(A)(v). (Complete Part II). A norganization organization described in section 500(a)(1). A norganization organization described in se | | - | - | | | | | | |
| The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A school described in section 170(b)(1)(A)(b), A school described in section 170(b)(1)(A)(b), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). A medical research 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). A medical research 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). A norganization 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.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A norganization organization dereaters of university is of its support from contributions. membrasity described in section 170(b)(1)(A)(iv). (Complete Part II.) A norganization that normally receives: (1) more than 33:78 for its support from contributions. membrasity described in section 500(a)(2) nor ore than 33:78 do its support from granization organization develowed without its organization develowed available income (dess section 501 II ta) from businesses as a postant fram granization organization develowed in section 500(a)(2). A norganization organization develowed exclusively for the banefit of, complete Part II.) T A norganization organization develowed exclusively for the banefit of its espectram the functions of or its carry out the purpor of one or more publicly supported organization develowed organization | | | | | | | | | |
| 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 3 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). 4 A neglical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital is name, city, and state: 5 A fedderal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). 6 A fedderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 A norganization of the normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). 8 A fedderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 9 A nagricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 10 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 11 An organization organization described in section 170(b)(1)(A)(v). (Complete Part II.) 12 An organization administration described in section 50(a)(2). Complete Part II.) 13 An agricultural research organization described in section 50(a)(1) 14 An organizati | | | | . . | - | | | , | |
| 2 A school described in section 170(b)(1)(A)(ii), (Altach Schedule E (Form 990 or 990-E2).) 3 A hoplatal or a cooperative hospital sortex corganization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital sname, city, and state. 5 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 A factorial, stato, or local government or governmental unit described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An againzation that normally receives: (1) more than 33:r3% of its support from contributions, membership fees, and goes acquired by the organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization organization described in section 500(a)(1). 10 An organization organization described in section 500(a)(1). 11 An organization organization described in section 500(a)(1). 12 An organization organization described in section 500(a)(1) or section 500(a)(2). 13 An organization organization described in section 500(a)(1) or section 500(a)(2). 14 An organization organization descri | | | • | | | | • | , | |
| 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital search operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital search operated by a governmental unit described in section 170(b)(1)(A)(ii). Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization the normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). 8 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 9 A a federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 9 A nagricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II). 9 An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university. 10 An organization than tormally receives (1) more than 33/a % of its support from constructions, and (2) no more than 33/a % of its support form constructions where the receives (1) more than 33/a % of its support form constructions do not end velocity of exclusively to the store that public state (2). 11 An organization organization adperated exclusively to the the support of on constructions do, to carry out the purpor of one or nore public y upport of organization state in score to 509(a)(1). 12 An organization organization adperated exclusively to the | | | | | | | | | |
| A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital same, civ, and state: S An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(ii). (Complete Part II) A fact a state, or focal government or governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(ii). (Complete Part II.) A an organization that normally receives (1) more than 33/a% of its support from contributions, memory and rocks in sections 170(b)(1)(A)(ii). (Complete Part II.) An organization that normally receives (1) more than 33/a% of its support from contributions, memory and constructions in the normally receives (1) more than 33/a% of its support from contributions, memory and construction organization organization and operated exclusively to test for public setters and (2) no more than 33/a% of its support from granization and complete Part II.) An organization organization and operated exclusively to test for public setters 509(a)(2). Complete Part III.) An organization organization and operated exclusively to test for public setters 509(a)(2). Complete Part III.) An organization organization operated exclusively to test for public setters 509(a)(2). See section 509(a)(2). See section 509(a)(2). Complete Part III.) An organization organization operated exclusively to test for public setters 509(a)(2). See section 509(a)(2 | | | | | | - | | | |
| S An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(v). G A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). G A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). G A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) S An organization that normally receives: (1) more than 33:n 3% of its support from contributions, membership fees, and gross support from contributions membership fees, and gross support from gross investime income than 33:n 3% of its support from contributions, membership fees, and gross support from gross investime income than 33:n 3% of its support from contributions for balances and unrelated exclusively to test for public section 590(a)(2). (Complete Part III.) 11 An organization organization deparated exclusively to test for public section 590(a)(2). (Complete Part III.) 12 An organization organization deparated exclusively for the benefit of, to perform the functions of, no carry out the purpose of one or more publicly supported organization deparated in section 590(a)(2). (Complete Part III.) 13 An organization organization operated, supervised, or controlled by its supported organization(s), by pointing organization organization operated and parate exclusively for the benefit of, to perform the functional by integrated. A supporting organiz | | | - | - | - | | | | (iii). Enter the |
| 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(v). 7 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 A norganization that normally receives a substantial part of its support from a governmental unit or from the general put described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33:a'% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) for ome than 33:a'% of its acquired by the organization ador organized and operated exclusively to test for public safety. See section 509(a)(1) 10 An organization that normally receives: (1) more than 33:a'% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) for ome than 33:a'% of its acquired by the organization adjectual exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions so it to carry out the purpox of one or more publicly supported organization exected or subscated, or controlled by its supported organization (5) (be power to requirer) apoint or elect a majority of the directors or trustees of the supporting organization exected organization exected and exclusively to relate a majority of the directoris or trustees of the supporting organizati | | | - | | | | | | |
| | 5 🗌 A | n organizati | on operated f | for the benefit of | a college or universit | y owne | d or ope | erated by a governme | ntal unit described in |
| 7 △ An organization that normally receives a substantial part of its support from a governmental unit or from the general put described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 → A community fust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 → An agricultural research organization described in section 170(b)(1)(A)(vi). Operated in conjunction with a land-grant college or university: 10 → n organization that normally receives: (1) more than 33:n % of its support from contributions, methenship fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) more than 33:n % of its support from gross incide and operated exclusively to test for publics section 509(a)(2). 11 → n organization organized and operated exclusively to test for publics section 509(a)(2). 12 → n organization organization operated exclusively to test for publics section 509(a)(2). 13 → n organization organization operated exclusively appoint or elet a majority of the directors or trustees of the supporting organization accomplete lines 12e, 12; and 12 morganization organization operated exclusively appoint or elet a majority of the directors or trustees of the supporting organization supervised or controlled by its supported organization(s), by aving control or management of the supporting organization vested in inconnection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization organization (s). b Type II norf-functionally | | • | | • • • | rnmental unit describe | d in sect | ion 170 | b)(1)(Δ)(y) | |
| 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.) A community trust 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.) A norganization that normally receives: (1) more than 33:r3 % of its support from contributions, and (2) no more than 33:r3 % of its support from contributions, and (2) no more than 33:r3 % of its support from contributions, and (2) no more than 33:r3 % of its support from grass investment income and unrelated business taxable income (less section 509(4)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpore of one or more publicly supported organization sections to (2)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpore of one or more publicly supported organization sections 509(4)(2). (Complete Part III.) An organization organization organization operated, supervised, or controlled by its support dorganization(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 operated. A supporting organization operated in connection with and antentiveness requirement (see instructions). You must complete Part IV, Sections A and B. Type II functionally integrated. A supporting organization operated in connection with its supported organization(s). () Neme of supported organizations complete Part IV, Sections A and D. Type III functionally integrated. A supporting organization operated in cono | | | - | - | | | | | om the general public |
| A community trust described in section 170(b)(1)(A)(v), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) partial conjunction with a land-grant college or university: university: an on-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: acquired by the organization after June 30, 1975. See section 509(a)(2, 100) (ess section 510(a) from the 33/13% 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 33/13% of its support from gross investment income and uncellated business stable income (less section 510(a)(2, 100) more than 33/13% of its support from gross investment income and uncellated business stable income (less section 510(a)(2, 100) more than 33/13% of its support from gross investment income and uncellated business stable income (less section 510(a)(2, 2) sec section 509(a)(2, 2). Sec section 509(a)(2, 2). Sec section 509(a)(2) complete Part II.) An organization organized and operated exclusively to test to public safety. See section 509(a)(2). See section 500(a)(| | - | | - | - | | o a go | | |
| 9 An agricultural research organization described in section 170(b)(1)(A)(kix) operated in conjunction with a land-grant college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Comparization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization(s), typically by giving the supported organization, suce complete Part IV, Sections A and B. b Type I. A supporting organization supervised or controlled by its supported organization(s), they is supported organization(s) the power to regularly apopint or elect a majority of the directors or trustees of the supported organization (s) the supporting organization (s) the supporting organization (s) the supporting organization (s) that supporting organization (s) the supporting organization (s) the power to regularization operated in connection with its supported organization(s). they is a supported organization (s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). Type III non-functionally integrated. The organization operated in connection with its support (see instructions). You must complete Part IV, Sections A and D. 0 Typ | | | | | | e Part II.) | | | |
| university: university: 10 | | - | | - | | - | | I in conjunction with a | land-grant college |
| 10 An organization that normally receives: (1) more than 33/3 % of its support from contributions, membership fees, and gross exceptions, and (2) no more than 33/3 % of of its support from gross investment income and unrelated business taxable income (less sceptions, and (2) no more than 33/3 % of of its support for gross investment income and unrelated business taxable income (less sceptions for tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled they its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). by having control or management of the supporting organization operated in connection with its supported organization(s). No must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that into functionally integrated. A supporting organization is a Type I. Type III non-functionally integrated supporting organization. g Type III non-functi | | - | or a non-land- | grant college of a | griculture (see instruct | ions). E | nter the | name, city, and state of | the college or |
| support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III), 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to test benefit of, to perform the functions of, or to carry out the purpos of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 121, and 12 a Type II. A supporting organization operated vacuus of controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). Sour must complete Part IV, Sections A and C. 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 and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II. Type III functionally integrated. The organization supervised supporting organization. f Enter the number of supported organizations. f (i) Name of supported organization f (ii) EN | | | on that norma | llv receives: (1) m | ore than 331/3% of its | support | from co | ntributions, membersh | nip fees, and gross |
| 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 500(a)(2). See section 500(a)(2). See section 500(a)(2). See section 500(a)(2). See s | S | upport from | gross investm | ient income and u | nrelated business tax | able inco | ome (les | s section 511 tax) from | n 331/3 % of its businesses |
| of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 11 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organizations (she power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated supporting organization. d Type III non-functionally integrated. A supported organization operated in connection with its supported organization(s). fende the following information about the supported organization. (i) Type of organization. g Provide the following information about the supported organization(s). (ii) Type of organization. | | | | | | | | | |
| Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12 a a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support of organization (S), typically by giving the support of organization (S). You must complete Part IV, Sections A and B. 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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III non-tunctionally integrated. A supporting organization operated in connection with, and functionally integrated 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II I, Type III non-functionally integrated a written determination from the IRS that it is a Type I, Type III operation and the supported organizations. f Enter the number of supported organizations. f Enter the following information about the supported organization(s) instructions) wou we (see instructions) instructions) (i) Name of supported organization about the supported organization (b Ein organization) (ii) Ein (iii) Figure 4 (iii) Figure 4 (iii) State organization) (c) | 12 🗌 A | An organizatio | on organized a | and operated excl | usively for the benefit | of, to pe | erform th | ne functions of, or to c | arry out the purposes |
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| 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. b | | | | - | | | | | - |
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| 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, D, and E. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). Type III non-functionally integrated. A supporting organization operated in connection with its a Type II. Type III functionally integrated, or Type III non-functionally integrated a supported organization. f Enter the number of supported organization about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of leganization (iv) Amount of other support (see instructions) (b) name of supported organization (iii) EIN (iii) Type of leganization (iv) Amount of other support (see (c) (iv) Amount of other support (see (c) (c) (c) (c) (c) (c) | | | - | | | | ajority of | f the directors or truste | es of the |
| 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. 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. d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations | | | - | - | | | | | |
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| d 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (i) IEIN (ii) Type of organization (iv) Is the organization support (see instructions)) (v) Amount of monetary support (see instructions) g Provide the following information about the supported organization (ii) Site organization (v) Amount of monetary support (see instructions)) (vi) Amount of monetary support (see instructions) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary support (see instructions)) (vi) Amount of other support (see instructions) (A) other support (see instructions) (b) other support (see instructions) (c) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>iy integrated with,</td></td<> | | | | | | | | | iy integrated with, |
| 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. e 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. f Enter the number of supported organizations | d | | - | | | | | | ted organization(s) |
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| e 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. f Enter the number of supported organizations | | | | • • | • • | • | | • | |
| f Enter the number of supported organizations | е 🗌 | - | | | | | | | I, Type III |
| g Provide the following information about the supported organization (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (A) Image: Comparison of the support of the suport of the support of the su | | functionally | integrated, or | Type III non-func | tionally integrated sup | porting o | organiza | tion. | |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (A) (A) (B) (C) | | | | - | | | | | |
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| above (see instructions)) document? instructions) instructions) (A) Image: Construction of the set of | (i) Nan | ne of supported of | organization | (ii) EIN | | | | | |
| (A) (A) (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (D) (C) (C) (C) (C) (E) (C) (C) (C) (C) | | | | | | docu | ment? | | |
| (B) (C) (C) (C) (D) (C) (E) (C) Total (C) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2 | | | | | | Yes | No | | |
| (C) Image: Constraint of the second of the | (A) | | | | | | | | |
| (D) (E) (E) (E) Total (E) (E) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2 | (B) | | | | | | | | |
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| 8E1210 1.000 | - | ork Reduction A | ct Notice, see th | e Instructions for Forn | n 990 or 990-EZ. | | | Schedule A | (Form 990 or 990-EZ) 2013 |
| | 8E1210 1.000 | | 7/7/2020 | 6:27:40 | AM V 18-8.6F | | 114 | 9279 | PAGE |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|---------------|--|------------------------|------------------------|-----------------|-----------------|------------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,335,723. | 1,476,378. | 1,236,133. | 1,730,012. | 1,740,350. | 7,518,596. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 1,335,723. | 1,476,378. | 1,236,133. | 1,730,012. | 1,740,350. | 7,518,596. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| ~ | shown on line 11, column (f) | | | | | | 117,668. |
| $\frac{6}{8}$ | Public support. Subtract line 5 from line 4 | | | | | | 7,400,928. |
| | tion B. Total Support | (a) 2014 | (b) 2015 | (a) 2016 | (4) 2017 | (a) 2018 | |
| _ | ndar year (or fiscal year beginning in) | (a) 2014 1,335,723. | (b) 2015 1,476,378. | (c) 2016 | (d) 2017 | (e) 2018 1,740,350. | (f) Total 7,518,596. |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 37,563. | 41,646. | 48,824. | 71,829. | 101,350. | 301,212. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7,819,808. |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | 8,191. |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | <u></u> | | | | | |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2018 (li | | • | | | 14 | % |
| 15 | Public support percentage from 2017 | | | | | 15 | % |
| 16a | 331/3% support test - 2018. If the or | - | | | | | |
| | box and stop here. The organization q | | | - | | | |
| b | 331/3% support test - 2017. If the org | - | | | | | |
| | this box and stop here. The organization | | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets to organization | | | | | | ► |
| b | 10%-facts-and-circumstances test - 2 | | - | | | | |
| | 15 is 10% or more, and if the orga | | | | | | • |
| | Explain in Part VI how the organizati supported organization | | | | | | · ► 🗌 |
| 18 | Private foundation. If the organization instructions | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · |

Schedule A (Form 990 or 990-EZ) 2018

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.)

| | dar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e |) 2018 | (f) Total | |
|---------|--|-----------------|---------------------|--------------------|-------------------|--------|---------------|-------------|---------|
| 1 | Gifts, grants, contributions, and membership fees | | | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | | | |
| | sold or services 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 | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | | _ |
| | Amounts included on lines 1, 2, and 3 | | | | | | | | |
| , a | received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | | | |
| | received from other than disqualified | | | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | | | |
| _ | or 1% of the amount on line 13 for the year | | | | | | | | |
| | Add lines 7a and 7b | | | | | | | | _ |
| 8 | | | | | | | | | |
| Sect | line 6.) | | | | | | | | |
| | idar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (0 |)2018 | (f) Total | |
| | | (4) 2014 | (8) 2010 | (0) 2010 | (4) 2011 | (0 | 12010 | (1) 10101 | |
| | Amounts from line 6 Gross income from interest, dividends, | | | | | | | | |
| IVa | payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | | | |
| b | Unrelated business taxable income (less | | | | | | | | |
| | section 511 taxes) from businesses | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | |
| с | Add lines 10a and 10b | | | | | | | | |
| 11 | Net income from unrelated business | | | | | | | | |
| •• | activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | | | |
| | loss from the sale of capital assets | | | | | | | | |
| | (Explain in Part VI.) | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | | | |
| | and 12.) | | | | | | | | |
| 14 | First five years. If the Form 990 is for | or the organiza | ation's first. seco | nd. third. fourth | , or fifth tax ve | ear as | a section | 501(c)(3) | |
| | organization, check this box and stop here . | • | | | | | | · · · · · - | |
| Sect | ion C. Computation of Public Sup | | | | | | | L | _ |
| 15 | Public support percentage for 2018 (line 8, | | | mn (f)) | | . 15 | | | % |
| 16 | Public support percentage from 2017 Sche | ., | • | | | 16 | | | % |
| | tion D. Computation of Investment | | | | | | | | <u></u> |
| 17 | Investment income percentage for 2018 (lin | | | 13 column (f)) | | 17 | | | % |
| 18 | Investment income percentage from 2017 S | | ••••• | | | 18 | | | % |
| | 331/3% support tests - 2018. If the org | | | | | | 331/2% | and line | 70 |
| 130 | 17 is not more than 331/3%, check thi | - | | | | | | | |
| | | | | • | | | - | - | |
| h | 221/20/ cupport tooto 2017 If the area | | | | | | | o /o. anu | |
| b | 331/3% support tests - 2017. If the orga | | | | | | | | — |
| b 20 | 331/3% support tests - 2017. If the organized line 18 is not more than 331/3%, check Private foundation. If the organization | this box and s | top here. The or | ganization qualifi | es as a publicly | suppo | rted organi | zation 🕨 | |

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

47-1494384

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.*
- **10 a** 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.)

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

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

- activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.

reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nizatior | IS | |
|--|-----------|------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization | g trust o | n Nov. 20, 1970 (expla | |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 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 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

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

| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | ions (continued) | Fage |
|----------|--|-----------------------------|--|----------------------------------|
| | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | kempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| | organizations, in excess of income from activity | 1 . 1 . 1 | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| Ũ | (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 | | | |
| 10 | | | (ii) | (iii) |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable 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: | | | |
| a | Excess from 2014 | | | |
| a b | Excess from 2015 | | | |
| и С | Excess from 2016 | | | |
| d d | Excess from 2017 | | | |
| e u | Excess from 2018 | | | |
| <u> </u> | | | . | A (Form 990 or 990-EZ) 20 |

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, 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 B

| or 990-PF) |
|----------------------------|
| Department of the Treasury |
| Internal Revenue Service |

Name of the organization CARE TO LEARN

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

47-1494384

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

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

501(c)(3) taxable private foundation

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

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

General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

| Part I | t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 1 | | \$83,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 3 | | \$55,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

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

JSA

Part II

(a) No.

from

Part I

(d)

Date received

| | \$ | |
|--|---|---|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | \$ | |
| | (b) Description of noncash property given | (b) (c) Description of noncash property given (c) (b) FMV (or estimate) Description of noncash property given (c) (b) FMV (or estimate) (c) FMV (or estimate) (See instructions.) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) |

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Employer identification number

47-1494384

(c)

FMV (or estimate)

(See instructions.)

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | Page 4 |
|---|--------------------------------|
| Name of organization CARE TO LEARN | Employer identification number |
| | 47-1494384 |

| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi | the year from any ons completing Par e year. (Enter this ir | one contributor t III, enter the tota formation once. | . Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc., | |
|---------------------------|---|---|---|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Transi | er of gift | - | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relat | ionship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Transt | er of gift | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Transi | or of gift | - | |
| | Transferee's name, address, ar | | Relationship of transferor to transferee | | |
| | | | | · | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | | | - | |
| | | (a) T rana | an of wife | - | |
| | | | fer of gift | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relat | ionship of transferor to transferee | |
| | | | | | |
| | | | | 0-1 | |
| JSA | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | |

| SCHEE | DULE | D |
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| (Form | 990) | |

Department of the Treasury

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.

Open to Public

20

OMB No. 1545-0047

18

| | | f the Treasury ue Service | ► Go to www.irs.gov | Form990 for instructions and the latest | information. | Inspection |
|--------|----------------|------------------------------|--|---|---------------------------|--------------------------------|
| Name | e of the o | organization | | | Employer identifi | cation number |
| CAF | RE TO | LEARN | | | 47-1494 | 384 |
| Pa | rt I | | | ised Funds or Other Similar Fund | | |
| | | Complete | if the organization answered | "Yes" on Form 990, Part IV, line 6 | δ. | |
| | | | | (a) Donor advised funds | (b) Funds ar | nd other accounts |
| 1 | Total | number at e | nd of year | | | |
| 2 | Aggre | egate value c | f contributions to (during year) | | | |
| 3 | Aggre | egate value c | f grants from (during year) | | | |
| 4 | Aggre | egate value a | t end of year | | | |
| 5 | Did th | ne organizati | on inform all donors and donor | advisors in writing that the assets | held in donor advise | d |
| | funds | are the orga | nization's property, subject to the | e organization's exclusive legal contro | l? | Yes No |
| 6 | | - | - | and donor advisors in writing that gr | | |
| | only f | or charitable | purposes and not for the bene | fit of the donor or donor advisor, or | for any other purpos | e |
| _ | | | | <u> </u> | | Yes No |
| Pa | rt II | | tion Easements. | | _ | |
| | | | - | "Yes" on Form 990, Part IV, line 7 | /. | |
| 1 | Purpo | | | organization (check all that apply). | | |
| | | | n of land for public use (e.g., rec | | ation of a historically i | |
| | | | of natural habitat | | ation of a certified his | toric structure |
| • | | | n of open space | | | |
| 2 | | | | eld a qualified conservation contribut | | ne End of the Tax Year |
| | | | ast day of the tax year. | | | |
| a | | | | | | |
| b | | | | | | |
| C C | | | | historic structure included in (a) | | |
| d | | | | e) acquired after 7/25/06, and not or | | |
| 3 | | | | sferred, released, extinguished, or t | | anization during the |
| 3 | tax ye | | valion easements moulled, trai | isterred, released, extinguistied, or t | erminated by the org | anization during the |
| 4 | • | | where property subject to conse | rvation easement is located ► | | |
| 5 | | | | parding the periodic monitoring, in | | : |
| • | | - | | sements it holds? | | Yes No |
| 6 | | | | ting, handling of violations, and enforcir | | |
| - | | | 3, 1 | 3, | 9 | 5 · · ·) · · · |
| 7 | Amou | int of expens | es incurred in monitoring, inspec | ting, handling of violations, and enford | ing conservation ease | ments during the year |
| | ▶\$_ | • | | | 0 | 0, |
| 8 | | each conserv | vation easement reported on line 2 | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i |) |
| | and so | ection 170(h) |)(4)(B)(ii)? | | | . 🗌 Yes 🗌 No |
| 9 | In Par | rt XIII, descri | be how the organization reports | conservation easements in its revenu | e and expense statem | ent, and |
| | | | | of the footnote to the organization's f | nancial statements that | at describes the |
| | | | ounting for conservation easeme | | | |
| Pa | rt III | | | of Art, Historical Treasures, or | | S. |
| | | • | v | "Yes" on Form 990, Part IV, line 8 | | |
| 1a | If the | organization | elected, as permitted under SF | FAS 116 (ASC 958), not to report in ar assets held for public exhibition, | n its revenue stateme | ent and balance sheet |
| | public | service, pro | vide, in Part XIII, the text of the fo | botnote to its financial statements the | it describes these item | IS. |
| b | If the | organizatio | n elected, as permitted under \$ | SFAS 116 (ASC 958), to report in | its revenue stateme | nt and balance sheet |
| | works | s of art, hist | orical treasures, or other simila | ar assets held for public exhibition, | | |
| | | | vide the following amounts relati | | | • |
| | | | | | | |
| - | | | | | | |
| 2 | | • | | rt, historical treasures, or other sin | | cial gain, provide the |
| _ | | | | FAS 116 (ASC 958) relating to these | | ^ |
| a b | Kever Accot | | Form 990 Part X | | | |
| - | | | Act Notice, see the Instructions for | | | ⊅ chedule D (Form 990) 2018 |

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| Schee | lule D (Form 990) 2018 | | | | | | Р | age 2 |
|-------|--|-------------------------|------------------------|------------------------|---------------------------------------|------------|-------|--------------|
| Ра | rt III Organizations Maintaini | ng Collections of A | Art, Historical Tre | asures, or Other | Similar Assets (d | continue | əd) | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its | | | | | | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition d Loan or exchange programs | | | | | | | |
| b | Scholarly research | | e Other | | | | | |
| с | Preservation for future gener | ations | | | | | | |
| 4 | Provide a description of the organ | | and explain how t | hey further the or | ganization's exemp | t purpos | se in | Part |
| | XIII. | | | , | , , , , , , , , , , , , , , , , , , , | • • | | |
| 5 | During the year, did the organizatio | n solicit or receive de | onations of art, histo | orical treasures, or | other similar | | | |
| | assets to be sold to raise funds rath | | | | _ | Yes | | No |
| Pa | rt IV Escrow and Custodial A | | | 0 | | | | |
| | Complete if the organiza | • | s" on Form 990, F | Part IV, line 9, or re | eported an amour | nt on Fo | orm | |
| | 990, Part X, line 21. | | , | , , | • | | | |
| 1a | Is the organization an agent, truste | e. custodian or othe | r intermediarv for c | ontributions or othe | r assets not | | | |
| | included on Form 990, Part X? | | • | | _ | Yes | | No |
| b | If "Yes," explain the arrangement ir | | | | | | |] |
| | | | | | Amount | | | |
| с | Beginning balance | | | 1c | , | | | |
| d | Additions during the year | | | | | | | |
| e | Distributions during the year | | | | | | | |
| f | Ending balance | | | | | | | |
| 2a | Did the organization include an am | | | | account liability? | Yes | | No |
| | If "Yes," explain the arrangement in | | | | | | | |
| | rt V Endowment Funds. | | | | | <u></u> | • | |
| Ιa | Complete if the organiza | tion answered "Ye | s" on Form 990 F | Part IV line 10 | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four | vears | back |
| | | 1,108,880. | 1,045,990. | 930,987. | 938,327. | | | 667. |
| 1a | Beginning of year balance | 2,500. | 50. | 38,117. | 87,648. | | | 477. |
| b | Contributions | 2,300. | 50. | 50,117. | 07,040. | | 110, | <u></u> . |
| С | Net investment earnings, gains, | 53,881. | 75,333. | 92,432. | -24,556. | | _ | -179. |
| | and losses | 55,001. | 15,555. | 5,000. | -24,550. | | | 615. |
| d | Grants or scholarships | | | 5,000. | | | э, | 015. |
| е | Other expenditures for facilities | | | 4.4 | | | | 20 |
| | and programs | 10 701 | 10 402 | 44. | 60,463. | | | 38. |
| f | Administrative expenses | 12,721. | 12,493. | 10,502. | 9,969. | | | 985. |
| g | End of year balance | 1,152,540. | 1,108,880. | 1,045,990. | 930,987. | | 938, | 327. |
| 2 | Provide the estimated percentage | | | column (a)) held as | : | | | |
| а | Board designated or quasi-endowm | | % | | | | | |
| b | Permanent endowment 100.0 | | | | | | | |
| С | Temporarily restricted endowment | · | | | | | | |
| | The percentages on lines 2a, 2b, a | | | | | | | |
| 3a | Are there endowment funds not in t | he possession of the | e organization that | are held and admir | nistered for the | г | | |
| | organization by: | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i) | Х | |
| | (ii) related organizations | | | | | 3a(ii) | | Х |
| b | If "Yes" on line 3a(ii), are the relate | 0 | | | | 3b | | |
| 4 | Describe in Part XIII the intended u | | | | | | | |
| Ра | rt VI Land, Buildings, and Equ Complete if the organiza | ipment. | c" on Form 000 | Dart IV/ line 11a | Soo Form 000 Po | vrt V lin | o 10 | |
| | Description of property | (a) Cost or (a) | | | | I) Book va | | · |
| | | (investr | | | eciation |) DOOK VC | liuc | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| с | Leasehold improvements | [| | | | | | |
| d | Equipment. | | | | | | | |
| е | Other | <u></u> | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column | (d) must equal Form | 990, Part X, colum | n (B), line 10c.) | · · · · • | | | |
| | | | | | | | | . — |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 | | Pag |
|--|-------------------|--|
| Part VII Investments - Other Securities. | | |
| Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) POOLED INVESTMEMTS AT CFO | 4,965,023. | FMV |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 4,965,023. | |
| Part VIII Investments - Program Related. | "Yes" on Form 990 | , Part IV, line 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: |
| | (b) BOOK value | Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |
| Part IX Other Assets. | | |
| · · · · · | | , Part IV, line 11d. See Form 990, Part X, line 15. |
| | scription | (b) Book value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) li | ne 15.) | <u></u> |
| Part X Other Liabilities. Complete if the organization answered line 25. | "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form 990, Part X, |
| I. (a) Description of liability | (b) Book valu | e |
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |

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

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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| Schedu | le D (Form 990) 2018 | | Page 4 |
|--------|--|-----------|--------------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,024,540. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 41,789. |
| 3 | Subtract line 2e from line 1 | 3 | 1,982,751. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | -374,684. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,608,067. |
| Part | | ırn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,744,382. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| с | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 374,684. |
| 3 | Subtract line 2e from line 1 | 3 | 1,369,698. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| с | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 | 1,369,698. |
| | XIII Supplemental Information. | | |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, li | ne 4; Part X, line |

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

SEE PAGE 5

 Schedule D (Form 990) 2018
 CARE TO LEARN
 47-1494384
 Page 5

 Part XIII
 Supplemental Information (continued)
 SCHEDULE D, PART V, LINE 4

 INTENDED USE OF ENDOWMENT FUNDS:
 TO EVENTUALLY COVER OVERHEAD AND ONGOING OPERATING COSTS SO DONATIONS DO

 NOT HAVE TO BE RAISED SEPARATELY TO COVER ADMINISTRATIVE COSTS.

 SCHEDULE D, PART XI, LINE 4B

 AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

 \$(374,684) FUNDRAISING EXPENSES

SCHEDULE D, PART XII, LINE 2D AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25: \$ 374,684 FUNDRAISING EXPENSE

| SCHEDULE G | Supplemental | Information Re | garding | Fundra | ising or Gamir | ng Activities | OMB No. 1545-0047 |
|---|--|--|---------------|--|-----------------------------------|--|---|
| (Form 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | 2018 |
| Department of the Treasury | Attach to Form 990 or Form 990-EZ. | | | | | Open to Public | |
| Internal Revenue Service | ►G | o to www.irs.gov/Form | 990 for instr | uctions and | the latest instructions | | Inspection |
| Name of the organization | | | | | | Employer identificat | |
| CARE TO LEARN | ing Activities. Com | ploto if the orga | nization | ancworod | "Voc" on Form | 47 - 1494384 | |
| | 0-EZ filers are not | | | | Tes on Form | 990, Fait IV, IIIe | ; 17. |
| 1 Indicate whether | the organization rais | sed funds through | any of the | following | activities. Check a | all that apply. | |
| a Mail solicita | tions | е | Solid | citation of | non-government g | grants | |
| b Internet and | email solicitations | f | | | government grant | S | |
| c Phone solic | | g | Spe | cial fundra | ising events | | |
| d 🔄 In-person so | | | | | | | |
| b If "Yes," list the | tion have a written o is listed in Form 990 10 highest paid indi least \$5,000 by the | , Part VII) or entity viduals or entities | in connec | tion with p | professional fundra | ising services? | Yes No |
| (i) Name and addi or entity (fu | | (ii) Activity | custody o | ndraiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | • | | | |
| | which the organization | | | d to solicit | contributions or | has been notified | d it is exempt from |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1281 1.000 3874JM K929 7/7/2020 6:27:40 AM V 18-8.6F 1149279 Schedule G (Form 990 or 990-EZ) 2018

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Schedule G (Form 990 or 990-EZ) 2018

Part II

| Pa | rt l | Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gree | aising event contributi | | | | | | |
|------------------------|--|--|--|--|---|--|--|--|--|
| | | | (a) Event #1 DRAFT & DINE (event type) | (b) Event #2 LICENSE TO CAR (event type) | (c) Other events 21. (total number) | (d) Total events (add col. (a) through col. (c)) | | | |
| Revenue | 1 | Gross receipts | 242,348. | 185,885. | 691,641. | 1,119,874. | | | |
| Å | 2 | Less: Contributions Gross income (line 1 minus | 227,577. | 149,372. | 634,910. | 1,011,859. | | | |
| | 3 | line 2) | 14,771. | 36,513. | 56,731. | 108,015. | | | |
| | 4 | Cash prizes | | | | | | | |
| (0 | 5 | Noncash prizes | | | | | | | |
| ensea | 6 | Rent/facility costs | | 5,000. | 13,911. | 18,911. | | | |
| Direct Expenses | 7 | Food and beverages | 14,771. | 26,283. | 38,420. | 79,474. | | | |
| Dire | 8 | Entertainment | | 6,200. | 4,400. | 10,600. | | | |
| | 9 | Other direct expenses | 132,862. | 25,921. | 106,916. | 265,699. | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 11 Net income summary. Subtract line 10 from line 3, column (d) ► | | | | | | | | |
| Pa | rt l | Gaming. Complete if the org \$15,000 on Form 990-EZ, lin | anization answered "` e 6a. | Yes" on Form 990, I | Part IV, line 19, or | reported more than | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | | | |
| Å | 1 | Gross revenue | | | | | | | |
| ses | 2 | Cash prizes | | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | | | | |
| Direct | 4 | Rent/facility costs | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Yes % | Yes% | Yes% No | | | | |
| | 8 | Direct expense summary. Add lin Net gaming income summary. Su | ubtract line 7 from line | 1, column (d) | ► | | | | |
| 9 a k | l | Enter the state(s) in which the org. Is the organization licensed to con If "No," explain: | | in each of these state | | Yes No | | | |
| 10a k | | Were any of the organization's gaming If "Yes," explain: | g licenses revoked, susp | | •• | YesNo | | | |
| | | | | | Schedule G | G (Form 990 or 990-EZ) 2018 | | | |

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| Sched | dule G (Form 990 or 990-EZ) 2018 | Pa | ge 3 |
|-------|--|-------|-------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | 'es | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming? | 'es | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility 13a | | % |
| b | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ▶ | | |
| | Address ► | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| . e u | | 'es | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the | | |
| | amount of gaming revenue retained by the third party ► \$ | | |
| с | | | |
| | | | |
| | Name | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | | 'es 🔄 | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations | | |
| | or spent in the organization's own exempt activities during the tax year 🕨 \$ | | |
| Par | t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | | |
| | | | |

| SCHEDULE I | | | | Assistance t | | | ŀ | OMB No. 1545-0047 |
|--|--|-----------------|------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------|-----------------------------------|
| (Form 990) | | | • | ndividuals in | | | | 2018 |
| | Comp | plete if the o | - | wered "Yes" on F ttach to Form 990 | | , line 21 or 22. | | Open to Public |
| Department of the Treasury Internal Revenue Service | | ► Go | | /Form990 for the I | |). | | Inspection |
| Name of the organization | | | | | | | Employer identif | cation number |
| CARE TO LEARN | | | | | | | 47-1494 | 384 |
| Part I General I | nformation on Grants and | d Assistanc | e | | | | | |
| 1 Does the organi | zation maintain records to su | ubstantiate th | ne amount of the | e grants or assista | nce, the grantees | eligibility for the grant | ts or assistance, a | |
| the selection crit | eria used to award the grant | s or assistance | xe? | | | | | X Yes No |
| 2 Describe in Part | IV the organization's proceed | dures for mor | nitoring the use | of grant funds in the | e United States. | | | |
| Part II Grants an | nd Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments. Com | plete if the organiz | ation answered | "Yes" on Form 990, |
| Part IV, li | ne 21, for any recipient th | hat received | more than \$5 | ,000. Part II can I | be duplicated if a | additional space is i | needed. | |
| | d address of organization 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 noncash assistanc | |
| (1) CROSSLINES | | | | | | | | |
| 615 N GLENSTONE A | AVE #2165 | 43-0903657 | 501(C)(3) | 19,421. | | | | SUPPORT |
| (2) TOOTH TRUCK | | | | | | | | |
| 949 E PRIMROSE SE | PRINGFIELD, MO 65807 | 41-2028871 | 501(C)(3) | 25,000. | | | | SUPPORT |
| _(3) | | - | | | | | | |
| (4) | | _ | | | | | | |
| (5) | | - | | | | | | |
| (6) | | _ | | | | | | |
| (7) | | _ | | | | | | |
| (8) | | _ | | | | | | |
| (9) | | _ | | | | | | |
| (10) | | _ | | | | | | |
| (11) | | | | | | | | |
| (12) | | _ | | | | | | |
| | per of section 501(c)(3) and | • | • | | | | | ▶2. |
| | oer of other organizations list on Act Notice, see the Instruct | | | <u></u> . | <u></u> | <u></u> | | ► Schedule I (Form 990) (2018) |

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

| 32,000. | 879,436. | | | |
|---------|-------------|------------------------------|--|--|
| 32,000. | 879,436. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ormation re | Drmation required in Part I, | prmation required in Part I, line 2, Part III, c | ormation required in Part I, line 2, Part III, column (b); and any o |

information.

SCHEDULE I, PART I, LINE 2

GRANT MONITORING PROCEDURES:

CARE TO LEARN WORKS CLOSELY WITH THE ORGANIZATIONS, SCHOOLS, AND BY

EXTENSION OF THE SCHOOL RELATIONSHIP, INDIVIDUALS, TO WHICH IT PROVIDES

GRANT FUNDS. CONSISTENT MONITORING OF GRANT FUND USAGE THROUGH THIS

CLOSE, WORKING RELATIONSHIP ALLOWS CARE TO LEARN TO ENSURE GRANT FUNDS

GIVEN TO BOTH ORGANIZATIONS AND INDIVIDUALS ARE USED FOR INTENDED

PURPOSES.

Page 2

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

20**18** Open to Public Inspection

| Name | of the | organization |
|------|--------|--------------|
| | | |

| Employer identification number | r |
|--------------------------------|---|
| 47-1494384 | |

| | CARE | то | LEARN | |
|--|------|----|-------|--|
|--|------|----|-------|--|

| Par | Part I Types of Property | | | | | | | |
|--------|---|--------------------------------------|---|---|---|-----------|----------|--|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of d noncash contrib | eterminiı | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| - | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ►(AUCTION ITEMS) | Х | 133. | 46,534. | COST | | | |
| 26 | Other ▶() | | | | | | | |
| 27 | Other ▶() | | | | | | | |
| 28 | Other ►() | | | | | | | |
| 29 | Number of Forms 8283 received | by the org | anization during the tax ve | ear for contributions for | | | | |
| | which the organization completed I | | | | 29 | | | |
| | | | | | _ | Yes | s No | |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I, lines | s 1 through 🗌 | | | |
| | 28, that it must hold for at least the | hree years f | rom the date of the initial | contribution, and which is | n't required | | | |
| | to be used for exempt purposes for | the entire h | olding period? | | 3 | 0a | X | |
| b | If "Yes," describe the arrangement i | n Part II. | | | | | | |
| 31 | Does the organization have a | gift accept | ance policy that require | es the review of any i | nonstandard | | | |
| | contributions? | | | | | 81 X | 2 | |
| 32a | Does the organization hire or use | | | | | | | |
| | contributions? | | | | 3 | 2a | X | |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an | amount in c | olumn (c) for a type of prop | perty for which column (a) | is checked, | | | |
| | describe in Part II. | | | | | | | |
| For Pa | aperwork Reduction Act Notice, see the Inst | ructions for For | m 990. | | Schedule N | I (Form 9 | 90) 2018 | |

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, Part II or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS:

THE FIGURE IN COLUMN B REPRESENTS NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization CARE TO LEARN

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS:

CARE TO LEARN HAS FILLED OVER 130,000 NEEDS OF CARE IN OUR LAST FISCAL YEAR. A NEED IS EACH TIME ONE CHILD IS GIVEN ONE ITEM/ITEMS TO MEET AN EMERGENT HEALTH, HUNGER OR HYGIENE NEED. SINCE CARE TO LEARN'S FOUNDING, WE HAVE FILLED OVER 1,201,000 STUDENT NEEDS.

CARE TO LEARN STARTED WITH ONE CHAPTER IN SPRINGFIELD PUBLIC SCHOOLS IN 2008 AND AS OF JUNE 30, 2019, HAD 35 SCHOOL DISTRICT CHAPTERS.

CARE TO LEARN USES A CONSISTENT PARTNERSHIP MODEL TO ENSURE WE CAN CONSISTENTLY MEET STUDENT NEEDS. CARE TO LEARN WORKS WITH THE CHAPTER TO IDENTIFY THE UNMET NEEDS OF UNDER-RESOURCED STUDENTS. THEN CARE TO LEARN WORKS WITH THE CHAPTER AND COMMUNITY TO DEVELOP FUNDING FOR THE BASIC HEALTH, HUNGER AND HYGIENE NEEDS IDENTIFIED. CHAPTERS THEN FILL THE NEEDS AND CARE TO LEARN MANAGES THE PAYMENTS AND FUNDS.

ONE OF OUR CORE VALUES IS RESPECT. WE DO NOT ASK THAT STUDENTS MEET ANY QUALIFICATIONS. IF A STUDENT NEEDS HELP AND A SCHOOL OFFICIAL AGREES THERE IS A NEED, IT IS MET. THEREFORE WE DO NOT HAVE A LOT OF TRACKING. EACH CHAPTER IS UNIQUE BASED UPON THE COMMUNITIES NEEDS AND RESOURCES. HOWEVER, AT LEAST 30 OF OUR 35 CHAPTERS HAVE BACKPACK PROGRAMS OR FOOD PANTRIES WITHIN THE SCHOOL WHICH CARE TO LEARN FUNDS. EACH CHAPTER ALSO WORKS TO FILL HYGIENE NEEDS WITH DEODORANT, TOOTHBRUSHES, TOOTHPASTE, LICE KITS, ETC. HEALTH ISSUES TYPICALLY INCLUDE FUNDING MEDICINE, EYE GLASSES, TOOTH PAINS, AND DOCTOR VISITS.

FORM 990, PART VI, SECTION A, LINE 2 FAMILY RELATIONSHIP:

MOREY MECHLIN AND CHRISTIAN MECHLIN HAVE A FAMILY RELATIONSHIP.

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

THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY MANAGEMENT OF THE ORGANIZATION. PRIOR TO FILING, THE EXECUTIVE DIRECTOR OF CARE TO LEARN EMAILED EACH BOARD MEMBER A COPY TO REVIEW. THE BOARD WAS ASKED FOR INPUT AND FEEDBACK. FEEDBACK WAS RECEIVED AND THE 990 WAS UPDATED.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY:

ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, IS AN INTERESTED PERSON COVERED UNDER THIS POLICY.

DUTY TO DISCLOSE:

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IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS

CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

- AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

- THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

- AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

- IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

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ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY:

- IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. - IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINES 15A & 15B COMPENSATION REVIEW POLICY:

A COMPENSATION REVIEW WAS COMPLETED IN MARCH OF 2019, CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD. THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD USE GUIDESTAR, CHARITY NAVIGATOR, 990S OF OTHER ORGANIZATIONS TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19 DOCUMENT DISCLOSURE POLICY: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2018

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