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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017**

**B** Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

**C** Name of organization
HEALTHED CONNECT INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1401 W TRUMAN ROAD

City or town, state or province, country, and ZIP or foreign postal code
INDEPENDENCE, MO 64050

**D Employer identification number**
27-1115162

E Telephone number
(816) 519-4925

**G** Gross receipts $ 339,958

**F** Name and address of principal officer
JOHN P KIRKPATRICK
5665 NE NORTHGATE CROSSING
LEES SUMMIT, MO 64064

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW HEALTHEDCONNECT ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 2009

**M** State of legal domicile MO

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
HEALTHED CONNECT EMPOWERS WOMEN AND CHILDREN THROUGH EVIDENCE-BASED HEALTH, EDUCATION, AND ADVOCACY PROGRAMS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 2 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 152 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 285,875 | 337,730 |
| 9 | Program service revenue (Part VIII, line 2g) | | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 4,755 | 2,228 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 290,630 | 339,958 |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 163,970 | 255,469 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 55,404 | 59,299 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶20,261 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 43,887 | 35,417 |
| 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 263,261 | 350,185 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 27,369 | -10,227 |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 365,099 | 363,952 |
| 21 | Total liabilities (Part X, line 26) | 2,074 | 2,976 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 363,025 | 360,976 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

****** 2018-07-21
Signature of officer Date

JOHN P KIRKPATRICK FINANCIAL OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☑ if self-employed | PTIN |
|---|---|---|---|---|
| BEVERLY POWELL | BEVERLY POWELL | 2018-07-22 | | P00623829 |

Firm's name ▶ BEVERLY POWELL CPA LLC | Firm's EIN ▶

Firm's address ▶ 115 E WALNUT ST
INDEPENDENCE, MO 64050

Phone no (816) 833-0078

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

HEALTHED CONNECT EMPOWERS WOMEN AND CHILDREN THROUGH EVIDENCE-BASED HEALTH, EDUCATION, AND ADVOCACY PROGRAMS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 303,090 including grants of $ 255,469 ) (Revenue $ )

See Additional Data

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ 303,090

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 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 | | No |
| 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 | Yes | |
| 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 | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | | No |
| 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 | | No |
| c | 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 | | No |
| 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |

**Part IV** **Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **20a** | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | **20a** | | No |
| **b** | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | **20b** | | |
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | No |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | | No |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **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** | | No |
| **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** | | No |
| **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) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **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** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **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** | | No |
| **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** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | | No |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | **1a** | 2 | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | **1c** | | |
| **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** | 2 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | **2b** | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | **3a** | | No |
| **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** | | No |
| **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** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | **5b** | | No |
| **c** | 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** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | **7a** | | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | **7c** | | |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | **7e** | | |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | **7f** | | |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | **8** | | |
| **9a** | Did the sponsoring organization make any taxable distributions under section 4966? . . . | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | **13a** | | |
| **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** | | | |
| **c** | Enter the amount of reserves on hand . . . . . | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | **14b** | | |

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | | |
| | 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 | 1b | 12 | | |
| 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 | Yes | |
| 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 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | 6 | | No |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 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 | Yes | |

## Section 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 | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MO

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶BEVERLY POWELL CPA LLC 115 E WALNUT STREET INDEPENDENCE, MO 64050 (816) 833-0078

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

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SHARON L KIRKPATRICK<br>PRESIDENT | 40 00 | X | | X | | | | 0 | 0 | 0 |
| (2) JOHN P KIRKPATRICK<br>FINANCIAL OF | 10 00 | X | | X | | | | 0 | 0 | 0 |
| (3) CHERRY NEWCOM<br>SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (4) AMY GUTHREY<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (5) R MICHAEL MIKE KEEBLE<br>DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| (6) MICHAEL LEWIS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) MICHELLE MAHLIK<br>VICE PRESIDE | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (8) JEFFREY D MANUEL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) STUART WAITE<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) TAMMY EVERETT JONES<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) RON CARTER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) SHANDRA NEWCOM<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) EMILY PENROSE-MCLAUGHLIN<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) HEATHER CAMPBELL<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**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 related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| | | | |
|---|---|---|---|
| **1b Sub-Total** . . . . . ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . | **4** | | No |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . | 1a | | | |
| | b Membership dues . . | 1b | | | |
| | c Fundraising events . . | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 337,730 | | |
| | g Noncash contributions included in lines 1a-1f $ _____ | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | 337,730 | | |
| Program Service Revenue | | Business Code | | | |
| | 2a _____ | | | | |
| | b _____ | | | | |
| | c _____ | | | | |
| | d _____ | | | | |
| | e _____ | | | | |
| | f All other program service revenue | | | | |
| | g **Total.** Add lines 2a–2f . . . . ▶ | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 2,228 | | 2,228 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | 5 Royalties . . . . . ▶ | | | | |
| | | (i) Real | (ii) Personal | | |
| | 6a Gross rents | | | | |
| | b Less rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities | (ii) Other | | |
| | 7a Gross amount from sales of assets other than inventory | | | | |
| | b Less cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) . . . . . ▶ | | | | |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a | | | | |
| | b Less direct expenses . . . b | | | | |
| | c Net income or (loss) from fundraising events . . ▶ | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 . . . a | | | | |
| | b Less direct expenses . . . b | | | | |
| | c Net income or (loss) from gaming activities . . ▶ | | | | |
| | 10a Gross sales of inventory, less returns and allowances . . a | | | | |
| | b Less cost of goods sold . . b | | | | |
| | c Net income or (loss) from sales of inventory . . ▶ | | | | |
| | Miscellaneous Revenue | Business Code | | | |
| | 11a | | | | |
| | b | | | | |
| | c | | | | |
| | d All other revenue . . . . | | | | |
| | e **Total.** Add lines 11a–11d . . . . . ▶ | | | | |
| | 12 **Total revenue.** See Instructions . . . . . ▶ | | 339,958 | | 2,228 |

**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 . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 2,907 | 2,907 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 252,562 | 252,562 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 54,000 | 40,500 | 8,100 | 5,400 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,125 | 563 | 281 | 281 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 4,174 | 3,141 | 598 | 435 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 9,040 | | 9,040 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,479 | | 630 | 849 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 11,622 | 2,710 | 2,352 | 6,560 |
| 14 Information technology | 29 | | 29 | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,033 | | 286 | 747 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 1,550 | | 1,550 | |
| 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 ) | | | | |
| a CREDIT CARD FEES | 7,912 | | 2,287 | 5,625 |
| b ADMINISTRATIVE FEES | 811 | | 811 | |
| c PROJECT COSTS | 707 | 707 | | |
| d MEALS | 479 | | 479 | |
| e All other expenses | 755 | | 391 | 364 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 350,185 | 303,090 | 26,834 | 20,261 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | 216,127 | 1 | 208,547 |
| | 2 | Savings and temporary cash investments | 133,076 | 2 | 155,405 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 15,896 | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a | | | |
| | b | Less accumulated depreciation — 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 365,099 | 16 | 363,952 |
| Liabilities | 17 | Accounts payable and accrued expenses | 311 | 17 | 1,011 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 1,763 | 25 | 1,965 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 2,074 | 26 | 2,976 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 192,783 | 27 | 160,310 |
| | 28 | Temporarily restricted net assets | 96,726 | 28 | 117,630 |
| | 29 | Permanently restricted net assets | 73,516 | 29 | 83,036 |
| | | **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 | 363,025 | 33 | 360,976 |
| | 34 | Total liabilities and net assets/fund balances | 365,099 | 34 | 363,952 |

## Part XI Reconcilliation 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 | 339,958 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 350,185 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -10,227 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 363,025 |
| 5 | Net unrealized gains (losses) on investments | 5 | 8,178 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 360,976 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-1115162

**Name:** HEALTHED CONNECT INC



**Form 990, Part III, Line 4a:**

HEALTHED CONNECT'S FOUNDATION IS THE 120 VOLUNTEER COMMUNITY HEALTH WORKERS (CHW) IN ZAMBIA, MALAWI, DR CONGO, AND NEPAL ALL OF THESE VOLUNTEERS WERE TRAINED BY HEALTHED CONNECT IN BASIC PRIMARY CARE PRINCIPLES SUCH AS SANITATION, NUTRITION, CHILD CARE, ORAL REHYDRATION, IMPORTANCE OF IMMUNIZATIONS, AND FIRST AID BUILDING ON THIS INFORMATION, THE CHWS IN EACH COUNTRY THEN IDENTIFIED THE MOST PRESSING NEEDS IN THEIR AREA AND HEALTHED CONNECT PROVIDED RESOURCES IN ZAMBIA, THE CHWS RECOGNIZED THE IMPORTANCE OF EDUCATION FOR THE ORPHANS AND REQUESTED SCHOOLS THE MOST SIGNIFICANT EXPENSE IN THE BUDGET IS THE CONSTRUCTION AND ON-GOING SUPPORT FOR THREE PRIMARY SCHOOLS ENROLLING OVER 1300 CHILDREN THE SCHOOL SUPPORT INCLUDES TEACHER SALARIES, SUPPLIES, MAINTENANCE, AND SCHOLARSHIPS FOR TEACHERS TO OBTAIN TEACHING DIPLOMAS AT THE CLOSEST UNIVERSITY AND SCHOLARSHIPS FOR THE 7TH GRADE GRADUATES TO CONTINUE IN HIGH SCHOOL PROGRAMS IN OTHER COUNTRIES HAVE INCLUDED THE SUPPORT OF COMMUNITY HEALTH CENTERS, TRAINING AND SUPPORT OF TRADITIONAL BIRTH ATTENDANTS, THE CONSTRUCTION OF LATRINES, AND PROVIDING INFORMAL SEMINARS AND CAMPS FOR COMMUNITY MEMBERS

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization**
HEALTHED CONNECT INC

**Employer identification number**
27-1115162

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

11 ☐ 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 purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

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 II, 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(s)

| (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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

## 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.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 224,173 | 172,234 | 265,289 | 285,875 | 337,730 | 1,285,301 |
| 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 | | | | 1,165 | | 1,165 |
| 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 | 224,173 | 172,234 | 265,289 | 287,040 | 337,730 | 1,286,466 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 142,314 | 121,011 | 111,042 | 113,015 | 154,059 | 641,441 |
| 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 | | | | | | |
| c Add lines 7a and 7b | 142,314 | 121,011 | 111,042 | 113,015 | 154,059 | 641,441 |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | 645,025 |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 224,173 | 172,234 | 265,289 | 287,040 | 337,730 | 1,286,466 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 6,677 | -170 | 576 | 3,590 | 2,228 | 12,901 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 6,677 | -170 | 576 | 3,590 | 2,228 | 12,901 |
| 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 ) | 230,850 | 172,064 | 265,865 | 290,630 | 339,958 | 1,299,367 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

### Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | 49 640 % |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | 73 130 % |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) | 17 | 1 000 % |
| 18 | Investment income percentage from **2016** Schedule A, Part III, line 17 | 18 | 2 000 % |

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

| | | | Yes | No |
|---|---|---|---|---|
| 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* | 1 | | |
| 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)* | 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* | 3a | | |
| 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* | 3b | | |
| 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* | 3c | | |
| 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* | 4a | | |
| 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* | 4b | | |
| 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* | 4c | | |
| 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)* | 5a | | |
| 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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)* | 7 | | |
| 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)* | 8 | | |
| 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.*** | 9a | | |
| 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.*** | 9b | | |
| 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.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below* | 10a | | |
| 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 | | |

**Part IV Supporting Organizations** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | 11c | | |

**Section 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 | | |

**Section 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 | | |

**Section 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 | | |

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test **Answer (a) and (b) below.** | | | |
| a | 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* | 2b | | |
| 3 | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard* | 3b | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| | **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) | 1 | | |
| 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)

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

| **Section D - Distributions** | **Current Year** |
|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| **4** Amounts paid to acquire exempt-use assets | |
| **5** Qualified set-aside amounts (prior IRS approval required) | |
| **6** Other distributions (describe in **Part VI**) See instructions | |
| **7** **Total annual distributions.** Add lines 1 through 6 | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions | |
| **9** Distributable amount for 2017 from Section C, line 6 | |
| **10** Line 8 amount divided by Line 9 amount | |

| **Section E - Distribution Allocations (see instructions)** | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2017** | **(iii) Distributable Amount for 2017** |
|---|---|---|---|
| **1** Distributable amount for 2017 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| **3** Excess distributions carryover, if any, to 2017 | | | |
| **a** | | | |
| **b** From 2013. . . . . | | | |
| **c** From 2014. . . . . | | | |
| **d** From 2015. . . . . | | | |
| **e** From 2016. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2017 distributable amount | | | |
| **i** Carryover from 2012 not applied (see instructions) | | | |
| **j** Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| **4** Distributions for 2017 from Section D, line 7 $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2017 distributable amount | | | |
| **c** Remainder Subtract lines 4a and 4b from 4 | | | |
| **5** Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| **6** Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| **7** **Excess distributions carryover to 2018.** Add lines 3j and 4c | | | |
| **8** Breakdown of line 7 | | | |
| **a** Excess from 2013. . . . . | | | |
| **b** Excess from 2014. . . . . | | | |
| **c** Excess from 2015. . . . . | | | |
| **d** Excess from 2016. . . . . | | | |
| **e** Excess from 2017. . . . . | | | |

**Part 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)

**Facts And Circumstances Test**

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization**
HEALTHED CONNECT INC

**Employer identification number**
27-1115162

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | Amount |
|---|---|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

## Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 73,516 | 70,665 | 70,956 | 71,676 | 63,764 |
| b Contributions | | | | | 2,000 |
| c Net investment earnings, gains, and losses | 9,520 | 2,851 | -291 | -720 | 5,912 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 83,036 | 73,516 | 70,665 | 70,956 | 71,676 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|---|---|---|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | |

**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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| **(1)** | | |
| **(2)** | | |
| **(3)** | | |
| **(4)** | | |
| **(5)** | | |
| **(6)** | | |
| **(7)** | | |
| **(8)** | | |
| **(9)** | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15 )* ▶ | |

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| PAYROLL TAXES | 1,965 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 1,965 |

**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 ☐

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 663,801 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 8,178 | | |
| b | Donated services and use of facilities | 2b | 316,476 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | -811 | | |
| e | Add lines **2a** through **2d** | | | 2e | 323,843 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 339,958 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 339,958 |

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 665,850 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 316,476 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | -811 | | |
| e | Add lines **2a** through **2d** | | | 2e | 315,665 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 350,185 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 350,185 |

## Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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# Additional Data

**Software ID:**
**Software Version:**
**EIN:** 27-1115162
**Name:** HEALTHED CONNECT INC

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| SCHEDULE D, PAGE 4, PART XI, LINE 2D | INVESTMENT EXPENSE & INCOME NETTED IN AUDIT REPORT -811 |

**Supplemental Information**

| Return Reference | Explanation |
| --- | --- |
| SCHEDULE D, PAGE 4, PART XII, LINE 2D | INVESTMENT EXPENSE & INCOME NETTED IN AUDIT REPORT -811 |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
HEALTHED CONNECT INC

**Employer identification number**
27-1115162

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| **(a)** Region | **(b)** Number of offices in the region | **(c)** Number of employees, agents, and independent contractors in region | **(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | **(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region | **(f)** Total expenditures for and investments in region |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| **3a** Sub-total | | | | | |
| **b** Total from continuation sheets to Part I | | | | | |
| **c** **Totals** (add lines 3a and 3b) | | | | | |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| See Add'l Data | | | | | | | | |
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
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## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* | ☐ Yes | ☑ No |

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| ReturnReference | Explanation |
|---|---|
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## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 27-1115162

**Name:** HEALTHED CONNECT INC

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | SCHOOL SUPPORT | 59,058 | WIRE AND CHECKS | | | |
| | | SUB-SAHARAN AFRICA | SCHOOL CONSTRUCTION | 8,785 | WIRES & CHECKS | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | SCHOOL SUPPORT | 29,135 | WIRES & CHECKS | | | |
| | | SUB-SAHARAN AFRICA | SCHOOL SUPPORT | 16,440 | WIRE | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | NEW CONSTRUCTION | 41,058 | WIRE & CHECKS | | | |
| | | SUB-SAHARAN AFRICA | HEALTH EDUCATION | 12,666 | CHECKS | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | HEALTH EDUCATION | 62,194 | WIRE & CHECKS | | | |
| | | SOUTH ASIA | HEALTH EDUCATION | 16,486 | CHECKS | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SOUTH ASIA | HEALTH EDUCATION | 6,740 | CHECKS | | | |

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**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
HEALTHED CONNECT INC

**Employer identification number**
27-1115162

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 1, PART I, LINE 6 | BOARD MEMBERS AND OFFICERS ARE ALL VOLUNTEERS VOLUNTEERS HAVE PROVIDED CONSULTING SERVICES IN A NUMBER OF AREAS, INCLUDING LEGAL, FINANCIAL, GRANT WRITING, TRAINING COURSE DEVELOPMENT, DESIGN, TRAVELING TO AFRICA AS TRAINERS AND TEACHERS, AND PREPARATION OF MEALS FOR CHILDREN |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 2, PART III, LINE 4A | FOR TEACHERS TO OBTAIN TEACHING DIPLOMAS AT THE CLOSEST UNIVERSITY AND SCHOLARSHIPS FOR THE 7TH GRADE GRADUATES TO CONTINUE IN HIGH SCHOOL PROGRAMS IN OTHER COUNTRIES HAVE INCLUDED THE SUPPORT OF COMMUNITY HEALTH CENTERS, TRAINING AND SUPPORT OF TRADITIONAL BIRTH ATTENDANTS, THE CONSTRUCTION OF LATRINES, AND PROVIDING INFORMAL SEMINARS AND CAMPS FOR COMMUNITY MEMBERS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI | AMENDED BYLAWS OF HEALTHED CONNECT, INC A MISSOURI NONPROFIT CORPORATION ARTICLE I OFFICE S THE INITIAL PRINCIPAL OFFICE OF THE CORPORATION IN THE STATE OF MISSOURI SHALL BE LOCATE D AT 1401 WEST TRUMAN ROAD, INDEPENDENCE, MISSOURI 64050 THE CORPORATION MAY HAVE SUCH OT HER OFFICES, EITHER WITHIN OR WITHOUT THE STATE OF MISSOURI, AS THE BUSINESS OF THE CORPOR ATION MAY REQUIRE FROM TIME TO TIME THE INITIAL REGISTERED OFFICE OF THE CORPORATION, REQ UIRED BY THE MISSOURI NONPROFIT CORPORATION ACT TO BE MAINTAINED IN THE STATE OF MISSOURI, SHALL BE AS DESIGNATED IN THE ARTICLES OF INCORPORATION, AND THE LOCATION OF THE REGISTER ED OFFICE MAY BE CHANGED FROM TIME TO TIME BY ACTION OF THE BOARD OF DIRECTORS TO ANY OTHE R PLACE IN MISSOURI ARTICLE II DIRECTORS SECTION 1 GENERAL POWERS SUBJECT TO ANY LIMITA TIONS CONTAINED IN THESE BYLAWS, THE ARTICLES OF INCORPORATION, OR THE MISSOURI NONPROFIT CORPORATION ACT, ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY, THE BOARD OF DIRECTORS THE CORPORATION SHALL NOT HAVE MEMBERS SECTION 2 NUMBER, APPOINTMENT AND TERM THE NUMBE R OF DIRECTORS OF THE CORPORATION SHALL BE NOT FEWER THAN TWELVE NOR MORE THAN FIFTEEN, TH E NUMBER TO BE ESTABLISHED FROM TIME TO TIME BY THE BOARD OF DIRECTORS DIRECTORS SHALL BE NOMINATED AND ELECTED BY THE BOARD OF DIRECTORS FOR STAGGERED THREE-YEAR TERMS, SO THAT A S NEARLY AS POSSIBLE ONE THIRD OF THE NUMBER OF DIRECTORS SHALL BE ELECTED EACH YEAR EACH DIRECTOR SHALL HOLD OFFICE UNTIL HIS OR HER SUCCESSOR HAS BEEN APPOINTED, OR SUCH DIRECTO R'S EARLIER REMOVAL, RESIGNATION OR INCAPACITY THERE SHALL BE NO LIMIT ON THE NUMBER OF T ERMS, CONSECUTIVE OR OTHERWISE, THAT AN INDIVIDUAL DIRECTOR MAY SERVE, PROVIDED SUCH DIREC TOR HAS BEEN DULY ELECTED AND APPROVED PURSUANT TO THESE BYLAWS, SECTION 3 VACANCIES IN THE CASE OF ANY VACANCY OCCURRING THROUGH DEATH, REMOVAL, AN INCREASE IN THE NUMBER OF DIR ECTORS OR RESIGNATION, THE RESULTING VACANCY OR VACANCIES SHALL BE FILLED BY THE BOARD OF DIRECTORS, AND SHALL BE FOR ONE, TWO OR THREE YEARS AS THE BOARD OF DIRECTORS SHALL DETERM INE AS BEING NECESSARY TO HAVE, AS NEARLY AS POSSIBLE, THE TERM OF OFFICE OF ONE-THIRD OF THE DIRECTORS EXPIRE EACH YEAR SECTION 4 COMPENSATION DIRECTORS SHALL NOT RECEIVE COMPE NSATION FOR THEIR SERVICES ON BEHALF OF THE CORPORATION, NOR SHALL THE CORPORATION BE REQU IRED TO REIMBURSE DIRECTOR OUT-OF-POCKET EXPENSES ARTICLE III MEETINGS OF THE BOARD OF DI RECTORS SECTION 1 MEETINGS REGULAR MEETINGS OF THE BOARD OF DIRECTORS SHALL BE HELD, AT LEAST QUARTERLY, IN EACH CASE AT SUCH TIME AS THE BOARD OF DIRECTORS MAY DETERMINE SECTIO N 2 SPECIAL MEETINGS SPECIAL MEETINGS OF THE BOARD OF DIRECTORS MAY BE CALLED BY OR AT T HE REQUEST OF THE PRESIDENT OR ANY TWO (2) DIRECTORS UPON NOTICE GIVEN IN ACCORDANCE WITH THESE BYLAWS SECTION 3 NOTICE, WAIVER OF NOTICE NOTICE OF ANY SPECIAL MEETING SHALL BE GIVEN AT LEAST FIVE (5) DAYS P |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI | RIOR THERETO BY WRITTEN NOTICE DELIVERED PERSONALLY, ELECTRONICALLY OR BY MAIL, TO EACH DI RECTOR AT HIS OR HER BUSINESS ADDRESS IF SENT ELECTRONICALLY, NOTICE SHALL BE DEEMED DELI VERED WHEN SENT REQUESTING RETURN NOTICE OF RECEIPT IF MAILED, SUCH NOTICE SHALL BE DEEME D TO BE DELIVERED WHEN DEPOSITED IN THE UNITED STATES MAIL, WITH POSTAGE THEREON PREPAID THE ATTENDANCE OF A DIRECTOR AT ANY MEETING SHALL CONSTITUTE A WAIVER OF NOTICE OF SUCH ME ETING, EXCEPT WHERE A DIRECTOR ATTENDS A MEETING FOR THE EXPRESS PURPOSE OF OBJECTING TO T HE TRANSACTION OF ANY BUSINESS BECAUSE THE MEETING IS NOT LAWFULLY CALLED OR CONVENED THE BUSINESS TO BE TRANSACTED AT OR THE PURPOSE OF ANY SPECIAL MEETING OF THE BOARD OF DIRECT ORS SHALL BE SPECIFIED IN THE NOTICE OR WAIVER OF NOTICE OF SUCH MEETING NO NOTICE IS REQ UIRED FOR REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS SECTION 4 PLACE OF MEET ING MEETINGS OF THE BOARD OF DIRECTORS SHALL BE HELD AT SUCH PLACE, WITHIN OR WITHOUT THE STATE OF MISSOURI, AS SHALL BE PROVIDED FOR IN THE RESOLUTION, NOTICE, WAIVER OF NOTICE O R CALL OF SUCH MEETING, OR IF NOT OTHERWISE DESIGNATED, AT THE PRINCIPAL OFFICE OF THE COR PORATION SECTION 5 QUORUM, VOTING A QUORUM AT ALL MEETINGS OF THE BOARD OF DIRECTORS SH ALL CONSIST OF A MAJORITY OF THE DIRECTORS THEN HOLDING OFFICE LESS THAN A QUORUM MAY ADJ OURN FROM TIME TO TIME WITHOUT FURTHER NOTICE UNTIL A QUORUM IS SECURED EXCEPT AS PROVIDE D OTHERWISE BY THE BYLAWS, THE ACT OF A MAJORITY OF ALL ELECTED DIRECTORS SHALL BE REQUIRE D FOR ANY VALID ACT OF THE BOARD OF DIRECTORS SECTION 6 COMMITTEES THE BOARD OF DIRECTO RS MAY DESIGNATE FROM AMONG ITS MEMBERS, BY A RESOLUTION ADOPTED BY A MAJORITY OF THE ENTI RE BOARD OF DIRECTORS, ONE OR MORE COMMITTEES, COMPOSED OF NOT FEWER THAN TWO DIRECTORS EA CH, EACH OF WHICH SHALL HAVE AND MAY EXERCISE SUCH AUTHORITY IN THE MANAGEMENT OF THE CORP ORATION AS SHALL BE PROVIDED IN SUCH RESOLUTION NO SUCH COMMITTEE SHALL HAVE THE POWER OR AUTHORITY TO AUTHORIZE DISTRIBUTIONS, ELECT, APPOINT OR REMOVE ANY DIRECTOR, AMEND, RESTA TE, ALTER, OR REPEAL THE ARTICLES OF INCORPORATION, AMEND, ALTER, OR REPEAL THESE OR ANY O THER BYLAWS OF THE CORPORATION, APPROVE A PLAN OF MERGER, APPROVE A SALE, LEASE, EXCHANGE , OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OF THE CORPORATION, OTH ER THAN IN THE USUAL AND REGULAR COURSE OF BUSINESS, OR TO TAKE ANY OTHER ACTION PROHIBITE D BY LAW OR RESERVED TO THE BOARD OF DIRECTORS COMMITTEES MAY BE DISSOLVED BY THE BOARD O F DIRECTORS, AND THE MEMBERS THEREOF LIKEWISE REMOVED EVERY COMMITTEE SHALL ACT BY MAJORI TY VOTE OF ITS MEMBERS SECTION 7 PARTICIPATION MEMBERS OF THE BOARD OF DIRECTORS OR OF ANY COMMITTEE DESIGNATED BY THE BOARD OF DIRECTORS MAY PARTICIPATE IN A MEETING OF THE BOA RD OF DIRECTORS, OR COMMITTEE, BY MEANS OF CONFERENCE TELEPHONE CALL OR SIMILAR COMMUNICAT ION EQUIPMENT AS LONG AS ALL PERSONS PARTICIPATING IN THE MEETING ARE ABLE TO HEAR EACH OT HER PERSON PARTICIPATING, PART |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI | ICIPATION IN A MEETING IN THIS MANNER SHALL CONSTITUTE PRESENCE IN PERSON AT THE MEETING SECTION 8 ACTION WITHOUT A MEETING ANY ACTION WHICH IS REQUIRED TO BE OR MAY BE TAKEN AT A MEETING OF THE DIRECTORS, THE EXECUTIVE COMMITTEE, OR ANY OTHER COMMITTEE OF THE DIRECT ORS, MAY BE TAKEN WITHOUT A MEETING IF CONSENTS IN WRITING, SETTING FORTH THE ACTION SO TA KEN, ARE SIGNED BY ALL OF THE MEMBERS OF THE BOARD OR OF THE COMMITTEE AS THE CASE MAY BE SUCH CONSENTS SHALL HAVE THE SAME FORCE AND EFFECT AS A UNANIMOUS VOTE OF THE DIRECTORS A T A MEETING DULY HELD, AND MAY BE STATED AS SUCH IN ANY CERTIFICATE OR DOCUMENT FILED UNDE R THE MISSOURI NONPROFIT CORPORATION ACT THE SECRETARY SHALL FILE SUCH CONSENTS WITH THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS OR OF THE COMMITTEE AS THE CASE MAY BE ARTICLE IV OFFICERS SECTION 1 NUMBER THE OFFICERS OF THE CORPORATION SHALL CONSIST OF A PRESIDENT, VICE-PRESIDENT, TREASURER AND A SECRETARY UP TO TWO OFFICES MAY BE HELD BY THE SAME PERSON ALL OFFICERS OF THE CORPORATION, AS BETWEEN THEMSELVES AND THE CORPORATION, SHALL HAVE SUCH AUTHORITY AND PERFORM SUCH DUTIES IN THE MANAGEMENT OF THE PROPERTY AND AF FAIRS OF THE CORPORATION AS MAY BE PROVIDED IN THESE BYLAWS OR AS ARE ESTABLISHED BY RESOL UTION OF THE BOARD OF DIRECTORS SECTION 2 NOMINATION, ELECTION, AND TERM OF OFFICE THE OFFICERS OF THE CORPORATION SHALL BE NOMINATED BY MEMBERS OF THE BOARD OF DIRECTORS, AND E LECTED BY MAJORITY VOTE OF THE BOARD OF DIRECTORS AT LEAST ANNUALLY IF THE ELECTION OF OF FICERS SHALL NOT BE ACCOMPLISHED AT LEAST ANNUALLY, THE ELECTION SHALL BE HELD AS SOON THE REAFTER AS MAY BE CONVENIENT EACH OFFICER SHALL HOLD OFFICE UNTIL HIS OR HER SUCCESSOR SH ALL HAVE BEEN DULY ELECTED AND SHALL HAVE QUALIFIED OR UNTIL HIS OR HER DEATH OR UNTIL HE OR SHE SHALL RESIGN OR SHALL HAVE BEEN REMOVED IN THE MANNER HEREINAFTER PROVIDED SECTION 3 VACANCIES IF THE OFFICE OF ANY OFFICER BECOMES VACANT BY REASON OF DEATH, RESIGNATION , REMOVAL, DISQUALIFICATION OR ANY OTHER REASON, OR IF ANY OFFICER OF THE CORPORATION, IN THE JUDGMENT OF THE BOARD OF DIRECTORS, IS UNABLE TO PERFORM THE DUTIES OF HIS OR HER OFFI CE FOR ANY REASON, THE BOARD OF DIRECTORS MAY CHOOSE A SUCCESSOR TO FILL SUCH VACANCY OR M AY DELEGATE THE DUTIES OF ANY SUCH VACANT OFFICE TO ANY OTHER OFFICER OR TO ANY DIRECTOR O F THE CORPORATION FOR THE UNEXPIRED PORTION OF THE TERM SECTION 4 REMOVAL ANY OFFICER O R AGENT ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS MAY BE REMOVED BY THE BOARD OF DIRE CTORS, WHENEVER IN THEIR JUDGMENT THE BEST INTERESTS OF THE CORPORATION WOULD BE SERVED TH EREBY, BUT SUCH REMOVAL SHALL BE WITHOUT PREJUDICE TO THE CONTRACT RIGHTS, IF ANY, OF THE PERSON SO REMOVED ANY OFFICER MAY RESIGN AT ANY TIME UPON WRITTEN NOTICE TO THE CORPORATI ON OR BOARD OF DIRECTORS SECTION 5 THE PRESIDENT THE PRESIDENT SHALL BE THE CHIEF EXECU TIVE OFFICER OF THE CORPORATION AND, SUBJECT TO THE GENERAL DIRECTION AND CONTROL OF THE B OARD OF DIRECTORS, SHALL HAVE |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 6, PART VI, LINE 2 | JAC KIRKPATRICK SHERRI KIRKPATRICK BD MEMBER BD MEMBER MARRIED CHERRY NEWCOM SHANDRA NEWCOM BD MEMBER BD MEMBER MOTHER/DAUGHTER |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 9 | CHERRY NEWCOM 10857 LEGACY RIDGE WAY WESTMINSTER, CO 80031 AMY GUTHREY 6039 OAK STREET KANSAS CITY, MO 64113 R MICHAEL (MIKE) KEEBLE 13104 HIGH DRIVE LEAWOOD, KS 66209 MICHAEL LEWIS 1949 ROCKFORD ROAD LOS ANGELES, CA 90039 MICHELLE MAHLIK 7880 NORTH CLUB CIRCLE MILWAUKEE, WI 53217 JEFFREY D MANUEL 1966 SOUTH LINCOLN STREET DENVER, CO 80210 STUART WAITE 12443 REKART LANE ST LOUIS, MO 63131 TAMMY EVERETT JONES 1 TAPAWINGO DRIVE LAKE TAPAWINGO, MO 64015 RON CARTER 1244 SUNSET DRIVE COLUMBIA, MO 65203 SHANDRA NEWCOM 1290 TOEDTLI DRIVE BOULDER, CO 80305 EMILY PENROSE-MCLAUGHLIN 3224 AZTEC CT INDEPENDENCE, MO 64057 HEATHER CAMPBELL 1005 ASPEN DRIVE LIBERTY, MO 64068 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 11B | HEALTHED CONNECT POLICY A-1 REVIEW OF 990 PURPOSE OF POLICY TO ENSURE TIMELY, ACCURATE, AND TRANSPARENT INFORMATION TO THE INTERNAL REVENUE SERVICE IN THE ANNUAL FILING OF THE REQUIRED FORM 990 POLICY A THE TREASURER, IN CONSULTATION WITH THE EXECUTIVE DIRECTOR, PRESIDENT, AND ACCOUNTANT, WILL BE RESPONSIBLE FOR FILLING OUT THE REQUIRED FORM 990 B THE FINANCE COMMITTEE OF THE BOARD AND THE BOARD OF DIRECTORS WILL REVIEW THE ENTIRE 990, WITH THE EXCEPTION OF SCHEDULE B WHICH WILL BE WITHHELD TO PROTECT THE CONFIDENTIALITY OF DONORS, BEFORE THE FORM IS FILED C ANY DISCREPANCIES OR ERRORS NOTED DURING THE REVIEW WILL BE CORRECTED PRIOR TO FILING IF POSSIBLE, IF NECESSARY, A CORRECTED 990 WILL BE FILED |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 12C | DIRECTORS & OFFICERS SIGN CONFLICT OF INTEREST DOCUMENT ANNUALLY HEALTHED CONNECT POLICY A -2 CONFLICTS OF INTEREST PURPOSE OF POLICY TO INFORM HEALTHED CONNECT CONSTITUENTS OF SIT UATIONS OR RELATIONSHIPS IN WHICH THE BUSINESS OR PERSONAL INTERESTS OF A BOARD MEMBER, OF FICER, STAFF MEMBER, ASSOCIATE, OR ADVISORY COMMITTEE MEMBER HAS OR WILL UNDULY OR INAPPRO PRIATELY INFLUENCE THE ORGANIZATION'S DECISION- MAKING PROCESS HEALTHED CONNECT WANTS TO AVOID SITUATIONS IN WHICH THE BUSINESS OR PERSONAL INTERESTS OF A BOARD MEMBER, OFFICER, S TAFF MEMBER, ASSOCIATE, OR ADVISORY COMMITTEE MEMBER MAY UNDULY OR INAPPROPRIATELY INFLUEN CE THE ORGANIZATION'S DECISION-MAKING PROCESS THE ORGANIZATION DEPENDS ON A GOVERNING BOA RD WHOSE MEMBERS GIVE FREELY OF THEIR TIME IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE PURPOSES AND FUNCTIONS, AND THE ORGANIZATION ACKNOWLEDGES THAT BECAUSE OF THE VARIED INTE RESTS AND COMMUNITY INVOLVEMENT OF ITS BOARD MEMBERS, OFFICERS, STAFF MEMBERS, ASSOCIATES, AND ADVISORY COMMITTEE MEMBERS, THIS SERVICE MAY AT TIMES RESULT IN SITUATIONS INVOLVING REAL OR APPARENT CONFLICTS OF INTEREST SO THAT POTENTIAL CONFLICTS WILL NOT PREVENT THE O RGANIZATION'S BOARD MEMBERS, OFFICERS, STAFF MEMBERS, ASSOCIATES, OR ADVISORY COMMITTEE ME MBERS FROM SERVING THE ORGANIZATION WHILE AT THE SAME TIME PLAYING ACTIVE ROLES IN THEIR C OMMUNITIES, THE ORGANIZATION HAS ADOPTED A POLICY OF DEALING WITH SUCH CONFLICTS THROUGH F ULL DISCLOSURE OF ANY SUCH ACTUAL OR POTENTIAL CONFLICTING INTERESTS AND ABSTENTION OR REC USAL WHERE A CONFLICT IS INVOLVED IT IS HEALTHED CONNECT'S POLICY TO DEAL WITH CONFLICTS IN AS OPEN AND AS FLEXIBLE A WAY AS POSSIBLE IN NO EVENT SHOULD THE ORGANIZATION'S CONFLI CT OF INTEREST POLICY PREVENT A BOARD MEMBER, OFFICER, STAFF MEMBER, ASSOCIATE, OR ADVISOR Y COMMITTEE MEMBER FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER OR FROM ANSWERIN G PERTINENT QUESTIONS OF OTHER BOARD MEMBERS, OFFICERS, STAFF MEMBERS, ASSOCIATES, OR ADVI SORY COMMITTEE MEMBERS SINCE HIS OR HER KNOWLEDGE MAY BE OF GREAT INTEREST AND ASSISTANCE THIS POLICY IS NOT A CODIFICATION OF RULES OF CONDUCT, RATHER IT IS AN EXPRESSION OF INTE NTION AND PURPOSE THAT SHOULD BE INTERPRETED AND APPLIED TO ACHIEVE ITS STATED OBJECTIVE INDIVIDUALS WORTHY OF AFFILIATION WITH THE ORGANIZATION WILL GOVERN THEMSELVES BY THAT SPI RIT DEFINITIONS THIS CONFLICT OF INTEREST POLICY IS INTENDED TO SUPPLEMENT-BUT NOT REPLAC E-FEDERAL AND STATE LAWS GOVERNING CONFLICTS OF INTEREST AND SELF- DEALING APPLICABLE TO C HARITABLE ORGANIZATIONS AND PRIVATE FOUNDATIONS LIKE HEALTHED CONNECT IT APPLIES TO BOARD MEMBERS, OFFICERS, STAFF MEMBERS, ASSOCIATES, AND ADVISORY COMMITTEE MEMBERS WITH SIGNIFI CANT DECISION-MAKING AUTHORITY PERSONS COVERED UNDER THIS POLICY, AS WELL AS THEIR IMMEDI ATE FAMILY MEMBERS, INCLUDING SPOUSE OR EQUIVALENT, CHILDREN, AND PARENTS, ARE REFERRED TO IN THIS POLICY AS "AFFILIATED PERSONS " CONFLICTS OF INTEREST ARISE IN THE FOLLOWING SITU ATIONS 1 WHERE AN AFFILIATED |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 12C | PERSON HAS A FINANCIAL INTEREST OR APPEARS TO HAVE A FINANCIAL INTEREST IN A DECISION OR T RANSACTION 2 WHERE AN AFFILIATED PERSON HAS AN AFFILIATION OR OTHER CONFLICT OF LOYALTIES THAT MAY INFLUENCE A DECISION, BUT NO PERSONAL FINANCIAL INTEREST SELF-DEALING SELF-DEAL ING ARISES IN ANY TRANSACTION OR DECISION FROM WHICH AN AFFILIATED PERSON MAY PROFIT OR RE CEIVE A MONETARY OR FINANCIAL BENEFIT SELF-DEALING INCLUDES, BUT IS NOT LIMITED TO, BUSIN ESS AND FINANCIAL TRANSACTIONS BETWEEN THE ORGANIZATION AND AN AFFILIATED PERSON THAT ARE EXPRESSLY PROHIBITED BY THE INTERNAL REVENUE CODE AND BY APPLICABLE PROVISIONS OF STATE LA W SELF-DEALING ALSO INCLUDES BUSINESS AND FINANCIAL TRANSACTIONS BETWEEN THE ORGANIZATION AND AN ORGANIZATION IN WHICH AN AFFILIATED PERSON HAS A SIGNIFICANT OWNERSHIP INTEREST (G ENERALLY, 35% OR MORE) TO MAINTAIN THE INTEGRITY OF THE ORGANIZATION AND TO COMPLY WITH A LL FEDERAL AND STATE LEGAL REQUIREMENTS, THE ORGANIZATION SHALL AVOID ANY SITUATION OR TRA NSACTION WHICH WOULD RESULT IN ANY SIGNIFICANT ECONOMIC BENEFIT (DIRECT OR INDIRECT) TO AN AFFILIATED PERSON OR WHICH WOULD CONSTITUTE SELF-DEALING UNDER THE FEDERAL TAX LAWS EXCE PT FOR INCIDENTAL AND TENUOUS BENEFITS, SUCH AS NAME RECOGNITION OR PUBLIC ACKNOWLEDGEMENT , AND EXCEPT FOR GIFTS OF NOMINAL VALUE, AND MEALS AND SOCIAL INVITATIONS THAT ARE IN KEEP ING WITH PROPER BUSINESS ETHICS AND DO NOT OBLIGATE THE RECIPIENT, AN AFFILIATED PERSON SH OULD NOT ACCEPT SIGNIFICANT GIFTS, COMMISSIONS, PAYMENTS, TRAVEL, ENTERTAINMENT, SERVICES, LOANS OR PROMISES OF FUTURE BENEFITS FROM GRANT APPLICANTS, SUPPLIERS, VENDORS, GOVERNMEN T OFFICIALS OR ANYONE ELSE WHO HAS OR MAY SEEK SOME BENEFIT FROM THE ORGANIZATION EXPECTA TIONS ALL PERSONS AFFILIATED WITH THE ORGANIZATION IN ANY WAY ARE EXPECTED TO CONDUCT THEI R AFFAIRS WITH THE HIGHEST ETHICAL STANDARDS OF INTEGRITY, HONESTY, FAIRNESS, AND OBJECTIV ITY, AND NO AFFILIATED PERSON MAY USE HIS OR HER POSITION TO DERIVE, DIRECTLY OR INDIRECTL Y, ANY SIGNIFICANT PERSONAL BENEFIT OF ANY NATURE CONSISTENT WITH THIS POLICY, AFFILIATED PERSONS SHOULD AVOID ANY SITUATION THAT INVOLVES OR MAY APPEAR TO INVOLVE A CONFLICT OF I NTEREST IN CASE OF ANY SUCH CONFLICT OR THE APPEARANCE THEREOF, AFFILIATED PERSONS ARE EX PECTED TO DISCLOSE THE CONFLICT IN ADVANCE ONCE SUCH A DISCLOSURE HAS BEEN MADE, EITHER T HE DISINTERESTED BOARD MEMBERS (IF THE AFFILIATED PERSON IS A BOARD MEMBER) OR THE EXECUTI VE DIRECTOR (ASSUMING HE OR SHE IS DISINTERESTED) OR THE PRESIDENT (ASSUMING HE OR SHE IS DISINTERESTED) OF THE ORGANIZATION (IF THE AFFILIATED PERSON IS NOT A BOARD MEMBER) SHALL DETERMINE WHETHER THERE IS A POTENTIAL CONFLICT OF INTEREST IF IT IS DETERMINED THAT THER E IS A POTENTIAL CONFLICT OF INTEREST, THE AFFILIATED PERSON INVOLVED SHALL ABSTAIN FROM V OTING AND SHALL NOT PARTICIPATE IN THE DISCUSSION OF THE MATTER AT ISSUE EXCEPT TO STATE B RIEFLY HIS OR HER POSITION IN THE MATTER AND TO ANSWER SPECIFIC QUESTIONS OF OTHER AFFILIA TED PERSONS WHENEVER ANY PERS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 12C | ON ABSTAINS FROM VOTING OR RECUSES HIMSELF OR HERSELF BECAUSE OF A CONFLICT OF INTEREST OR THE APPEARANCE THEREOF, THE MINUTES OF THE MEETING OR THE PROCEEDINGS OF THE ORGANIZATION SHALL REFLECT THE ABSTENTION OR RECUSAL GUIDELINES FOR IMPLEMENTING AND COMPLYING WITH T HIS CONFLICT OF INTEREST POLICY INCLUDE THE FOLLOWING "AFFILIATED PERSONS SHOULD ABSTAIN FROM PROMOTING OR VOTING ON GRANTS TO ORGANIZATIONS IN WHICH THEY OR IMMEDIATE FAMILY MEMB ERS HAVE AN INTEREST "AFFILIATED PERSONS SHOULD NOT LOBBY ONE ANOTHER ON BEHALF OF AN ORG ANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILY MEMBERS HAVE AN INTEREST "WHEN AN AGEND A ITEM IS BEING CONSIDERED AS TO WHICH AN AFFILIATED PERSON HAS A CONFLICT OF INTEREST, TH E CONFLICTED PERSON SHALL DISCLOSE THE CONFLICT AND ABSTAIN FROM DECISION-MAKING ACTIONS A S PROVIDED IN THIS POLICY WITH DISCLOSURE TO OTHER PARTICIPANTS, THE WORK OF THE ORGANIZA TION IS FURTHERED BY THE WILLINGNESS OF IT BOARD MEMBERS, OFFICERS, STAFF MEMBERS, ASSOCIA TES, AND ADVISORY COMMITTEE MEMBERS, HOWEVER INTERESTED, TO SHARE INFORMATION BEARING UPON THE MATTER UNDER CONSIDERATION SUCH PARTICIPATION IS ENCOURAGED "AFFILIATED PERSONS MAY NOT HAVE AN INTEREST IN ANY VENDOR OR SUPPLIER OF GOODS OR SERVICES TO THE ORGANIZATION "CONFIDENTIAL FINANCIAL AND INVESTMENT INFORMATION MAY NOT BE USED FOR PERSONAL GAIN THE ORGANIZATION IS A SIGNIFICANT PRIVATE INVESTOR AND RECEIVES SUBSTANTIAL CONFIDENTIAL INFOR MATION IN THE PERFORMANCE OF ITS INVESTMENT OBLIGATIONS NO ONE SHOULD USE SUCH CONFIDENTI AL INFORMATION FOR PERSONAL PURPOSES OR TRANSMIT SUCH INFORMATION TO OTHERS EXCEPT IN THE COURSE OF HIS OR HER DUTIES ON BEHALF OF THE ORGANIZATION "STAFF MEMBERS AND ASSOCIATES S HOULD NOTIFY THE EXECUTIVE DIRECTOR BEFORE ACCEPTING ANY OUTSIDE AFFILIATIONS, SUCH AS SPE AKING ENGAGEMENTS, WRITING ARTICLES FOR PUBLICATION, BOARD SERVICE, CONSULTANCIES, HONORAR Y DEGREES OR REWARDS, OR OTHER ACTIVITIES WHICH MIGHT CONFER REAL OR PERCEIVED BENEFIT ON A STAFF MEMBER OR ASSOCIATE OR WHICH MIGHT BE CONSTRUED AS INFLUENCING DECISION OF THE ORG ANIZATION OR OTHERWISE COMPROMISING THE ORGANIZATION "THE EXECUTIVE DIRECTOR OF THE ORGAN IZATION SHOULD NOTIFY THE PRESIDENT IN ADVANCE OF HIS OR HER POSSIBLE PARTICIPATION IN OUT SIDE ACTIVITIES SUCH AS THOSE DESCRIBED ABOVE "BOARD MEMBERS, OFFICERS, STAFF MEMBERS, AS SOCIATES, AND ADVISORY COMMITTEE MEMBERS SHOULD NOT ACCEPT OUTSIDE FEES, HONORARIA, OR OTH ER COMPENSATION FOR ORGANIZATION-RELATED ACTIVITIES ANNUAL DISCLOSURE STATEMENT EACH DIRE CTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SH ALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON A HAS RECEIVED A COPY OF THE CONFL ICTS OF INTEREST POLICY, B HAS READ AND UNDERSTANDS THE POLICY, C HAS AGREED TO COMPLY WIT H THE POLICY, AND D UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN IT S FEDERAL TAX EXCEPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MOR E OF ITS TAX-EXEMPT PURPOSES |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 6, PART VI, LINE 15A | THE PRESIDENT AND TREASURER ARE CURRENTLY VOLUNTEERS THE VALUE PLACED ON THOSE SERVICES FOR FINANCIAL STATEMENT PURPOSES IS DETERMINED BY COMPARING WITH OTHER NGO'S WITH SIMILAR BUDGETS IN THE SAME GEOGRAPHICAL AREA |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PAGE 6, PART VI, LINE 15B | HEALTHED CONNECT EMPLOYS ONLY ONE FULL-TIME EMPLOYEE THE SALARY FOR THE EMPLOYEE WAS DETERMINED BY A BOARD COMMITTEE THAT CONSULTED AN OUTSIDE UNIVERSITY NOT-FOR-PROFIT ORGANIZATION DATA WAS USED FOR THE IMMEDIATE GEOGRAPHIC AREA AND DETERMINED BASED ON SIZE OF HEALTHED CONNEC COMPARED TO SIMILAR ORGANIZATIONS |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PAGE 6, PART VI, LINE 18 | 990 IS AVAILABLE ON GUIDESTAR WEBSITE |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PAGE 6, PART VI, LINE 19 | UPON REQUEST AND HIGHLIGHTED ON WEBSITE |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | INVESTMENT EXPENSE & INCOME NETTED IN AUDIT REPORT -811 INVESTMENT EXPENSE & INCOME NETTED IN AUDIT REPORT 811 |