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

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

Open to Public Inspection

	۱ F	or th	e 2017 calendar year, or tax year beginning $$	ing J	<u>UN 30, 201</u>	8
Е		heck if oplicab			D Employer ident	ification number
1		Addre	E CLOSBI SCHOLARS COMMUNITY PARTNERSHIP			
- [Name chan	Doing business as		31-	1523230
]]		Initial return	Number and street (or P.U. box if mail is not delivered to street address) 2701 ITATYPPCTTV DAPKWAY	m/suite	E Telephone numl	ber .725.5371
		Jreturr termii ated			G Gross receipts \$	2,782,616.
1		Amen	ded WINCTON_CATEM NO 27105		H(a) Is this a group	
j		Appli			for subordinat	
·		pendi	^{no} SAME AS C ABOVE	2	H(b) Are all subordinate	
\tilde{C}	T	ax-ex	empt status X 501(c)(3)	\$27	If "No," attach	a list (see instructions)
			te: ► WWW. CROSBYSCHOLARS.ORG		H(c) Group exemp	
				L Year o	of formation: 1997	M State of legal domicile: NC
	Pa	rt I	Summary			
	ايو	1	Briefly describe the organization's mission or most significant activities PREPARE			L STUDENTS
=	Governance	_	IN FORSYTH COUNTY FOR SUCCESSFUL COLLEGE EN			
_	E .	2	Check this box I if the organization discontinued its operations or disposed of	of more	ı	1 05
_	힗	3	Number of voting members of the governing body (Part VI, line 1a)			3 25 4 25
_	જ∣	4	Number of independent voting members of the governing body (Part VI, line 1b)			
2010	Activities	5 6	Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary)			000
9	ξį	_	Total unrelated business revenue from Part VIII, column (C), line 12			$\frac{6}{7a}$ $\frac{200}{0}$
	٧		Net unrelated business taxable income from Form 990-T, line 34	•	 	$\frac{a}{r_b}$ 0.
_	┪			<u> </u>	Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	 	967,312	
	ᇍ	9	Program service revenue (Part VIII, line 2g)		840,000	
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) o		1,033	
	۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and		201,946	
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, cottune A), line 12)		2,010,291	. 2,721,464.
		13	Grants and similar amounts paid (Part IX, column (A) ines 13)		843,479	858,554.
	ĺ	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
	ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,028,328	1,175,338.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
	ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 82,081.	<u>.</u>	•	, , , , , ,
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	278,056	
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	2,149,863	
-	_	19	Revenue less expenses Subtract line 18 from line 12		<139,572.	
Š	Balances			Beg	ginning of Current Yea	
Š	See See	20	Total assets (Part X, line 16)	- }	3,033,925	
5		21	Total liabilities (Part X, line 26)	-	135,741 2,898,184	
Γ	ਤੌਹ Pa	<u>22</u> rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	!	2,030,104	• 3,343,370.
_	_		alties of perjury, I declare that I have examined this return, including accompanying schedules and	etateme	nte, and to the best of	my knowledge and belief it is
			ct, and complete Declaration of preparer (other than officer) is based on all information of which p		•	my knowledge and belief, it is
-	uo,	00/100	A and complete become on property (other than officer) is based on an information of which p	лорагог	nas any knowicage.	
s	ign		Signature of officer :		Date	21/20/20
	ere		DANNY NEWCOMB, TREASURER	2.1	(Sont)	04/08/2019
			Type or print name and title	1		1
_		- "	Print/Type preparer's name Preparer's signature		ate Check	PTIN
P	aıd		JANE R POTTER June Nottes		116119 11 sett-em	
P	гера	arer	Firm's name ▶ BUTLER + BURKE, LVZP		Firm's EIN	56-1138530
U	se (Only	Firm's address 100 CLUB OAKS COURT			
_			WINSTON-SALEM, NC 27104		Phone no. 3	36-768-2310
M	lay	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

ABDGIS

Part IV | Checklist of Required Schedules

Pa	תוע	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 "Ye	s," complete Schedule A	_1_	X	
2	Is the	organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did th	ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public	c office? If "Yes," complete Schedule C, Part I	3	•	X
4		on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
		g the tax year? If "Yes," complete Schedule C, Part II	4] .	X
5		organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
		ar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6		ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
		de advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7		ne organization receive or hold a conservation easement, including easements to preserve open space,			
		nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_		dule D, Part III	8		х
9		ne organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_		ints not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		s," complete Schedule D, Part IV	9		x
0		ne organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
•		wments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
1		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
		plicable			
а	•	ne organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			\vdash
	Part V		11a	х	
b		ne organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
		s reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b	X	
С		ne organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
		s reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d		ne organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
		(, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е		ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
		ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
2a		ne organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		dule D, Parts XI and XII	12a	х	
b		he organization included in consolidated, independent audited financial statements for the tax year?			
		s," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3		organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a		ne organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did th	ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
		iment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		re? If "Yes," complete Schedule F, Parts I and IV	14b		X
5		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
		n organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6		e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
		foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7		e organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
		nn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8		c organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
		d 8a [?] If "Yes," complete Schedule G, Part II	18	х	
9		e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			

complete Schedule G. Part III

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	'		Х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	200		х
~~	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	13.00	32 (3.3)	N
28	instructions for applicable filing thresholds, conditions, and exceptions)		\$	37.79
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	, · · ·	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	<u> </u>	
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	\vdash	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		· ·	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

O17) CROSBY SCHOLARS COMMUNITY PARTNERSHIP Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
/			г ., —	
/_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3855338	Yes	No
1a	,			
D	Effective manufactor of mine varieties of a river applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	arthra.g	X	NEW YORK
_	(gambling) winnings to prize winners?	1c	****	588890
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 64			
		1,000,000	X	188038425
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	***	2000
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	~23.4555	4XX3	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	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	ا ا		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	32248888	1886 SA
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)	50.00 M.	\$1.63333	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	. —	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a				X
	any contributions that were not tax deductible as chantable contributions?	<u>6a</u>		<u> </u>
Ø	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		43,000
7	Organizations that may receive deductible contributions under section 170(c).		X	(33,003,63
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	X	_
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
	to file Form 8282?	7c	*******	
a	If "Yes," indicate the number of Forms 8282 filed during the year	#5899X	****	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>g</u> 7h		
ь 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	****	5328E.	S-8042
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fond maintained by the	8	4-0-3-00/00/	88.37° x 306
9	Sponsoring organizations maintaining donor advised funds.	** **	100 N	\$ 68.72
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	300000-00X	NAC AT NEC
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		200	350
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	133		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			(A)
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	X.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			****
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	X X		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "Ale " provide an explanation in Schodule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	,,,,,,		X
ec:	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	`* * <u>*</u>	,	1.,
	If there are maferial differences in voting rights among members of the governing body, or if the governing	a,	√ 1.35. "2	· , & `
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15		4 × ×
b	Enter the number of voting members included in line 1a, above, who are independent 25	. ^.7 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4. 14.		. 4
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	, .	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ÁM		ព្រុក្រស្នាវិត
	The governing body?	8a	_ <u>X</u> _	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes " provide the names and addresses in Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	** * _ `
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			· · · · · · · · · · · · · · · · · · ·
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	نا12	43	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
	In Schedule O how this was done	12c	^	<u> </u>
	Did the organization have a written whistleblower policy?	13	х	
14 15	Did the organization have a written document retention and destruction policy?	14	_	2 g 2 x x 2
15	Did the process for determining compensation of the following persons include a review and approval by independent		~ · , *,	, (2) X X
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х	, x , x,
	The organization's CEO, Executive Director, or top management official	15a	^	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ì	-	
iva	taxable entity during the year?	160		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	2	- 1
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	· •	**	* ' ' ' ' '
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	מטו		
	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailahle		
	for public inspection. Indicate how you made these available. Check all that apply.	unabit		
19	Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and if	financi	al	
	statements available to the public during the tax year	in iai ici	u	
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MONA LOVETT - 336.725.5371			
	2701 UNIVERSITY PARKWAY, WINSTON-SALEM, NC 27105			

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

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

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

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

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

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

(A)	(B)	J	11120		CO11 C)	ры	ioat.	(D)	(E)	(F)
Name and Title	Average hours per	box	not c	Posi heck i ss per	ition more rson i	than on the state of the state	n an	Reportable compensation	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANC NEWMAN	1.00	.,		.,						0
CHAIRMAN	1 00	X	_	X		├	⊢	0.	0.	0.
(2) ART GIBEL EX-OFFICIO	1.00	x						0.	313,289.	51,102.
(3) BARRY BOYD	1.00									
DIRECTOR		<u> x</u>	$ldsymbol{ld}}}}}}$					0.	0.	0.
(4) BEVERLY EMORY	1.00									
DIRECTOR		X	L		L_		<u> </u>	0.	0.	0.
(5) BRITTNEY GASPARI	1.00							_		_
DIRECTOR		X					$oxed{oxed}$	0.	0.	0.
(6) CHRIS FOX	1.00	1	1					_		_
DIRECTOR		X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.
(7) DANNY NEWCOMB	1.00	1					l			
TREASURER		X	 	X	_	ـــــ	<u> </u>	0.	0.	0.
(8) DAVID HOLDEN	1.00	1					ļ			
DIRECTOR	1	X	.	_	<u> </u>	<u> </u>	ļ	0.	0.	0.
(9) DEBORAH BEST	1.00									
DIRECTOR		X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.
(10) GINGER SALT	1.00							_		
SECRETARY		X	<u> </u>	X	L	_	<u> </u>	0.	0.	0.
(11) IVEY BROWN	1.00	ļ								
DIRECTOR	—	X	ļ	<u> </u>	<u> </u>	\vdash	ᆫ	0.	0.	0.
(12) JASON WENKER	1.00	┨		l						_
VICE CHAIRMAN	ļ	X	╙	X	ļ	↓	_	0.	0.	0.
(13) JEWEL CHERRY	1.00	 					Ì			
DIRECTOR		X	ļ	_		ļ.,_	┢	0.	0.	0.
(14) JOE CROCKER	1.00	۱								
DIRECTOR	1 00	X	ļ	-		-	 -	0.	0.	0.
(15) JOYCE KOHFELDT	1.00	 			-	1			_	_
DIRECTOR	1 22	X	\vdash	<u> </u>	\vdash	1	\vdash	0.	0.	0.
(16) MARK REECE	1.00	١							_	_
DIRECTOR	1-40-00	X		_	⊢	╄-	├-	0.	0.	0.
(17) MONA LOVETT	40.00	۱.,		7,				105 040	_	10 244
EXECUTIVE DIRECTOR		X		X	Щ.	Ļ	<u> </u>	105,840.	0.	19,244. Form 990 (2017)

1523230	Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)				
/ (A) (E				(0	C)			(D)	(E)		(F)		
Name and title	Average	٫,,		Pos				Reportable	Reportable		Estimat	ed	
	hours per	box	, unle	heck r ss per	rson i	s both	n an	compensation	compensation		amount	of	
/	week	⊢	cer an	d a di	recto	or/trus	tee)	from	from related		othe	r	
/	(list any	director	1	li	l			the	organizations	CO	mpens	ation	
	hours for	8				fe		organization	(W-2/1099-MISC)		from th	ne	
, ,	related	trustee or	trustee		۱	Seuss		(W-2/1099-MISC)		T I	rganıza		
	organizations below	E E	ona! (loyee	E 8				l l	nd rela		
	line)	Individual	Institutional	Officer	Key employee	Highest compensated employee	iller.			Or	ganızat	ions	
(18) NATASHA WEBSTER	1.00	Ĕ	Ĕ	ö	S.	主旨	ಜ			_			
DIRECTOR	1.00	X					l		,			^	
(19) OSCAR SANTOS	1 00	1	H	Н		-	_	0.	U	•		<u> 0.</u>	
	1.00		1					1				•	
DIRECTOR	1 00	Х	\vdash	\sqcup		_		0.	U	•		0.	
(20) PATRICIA GAINEY	1.00	l								1		_	
DIRECTOR		X	Щ	Щ		L		0.	0	•		0.	
(21) PAUL FULTON, III	1.00									1			
DIRECTOR	ļ	X						0.	0	•		0.	
(22) PHILLIP PETROS	1.00												
DIRECTOR		X						0.	0	•		0.	
(23) TRENT JERNIGAN	1.00												
IMMEDIATE PAST CHAIRMAN		X		X				0.	0	•		0.	
(24) JULIE HANES	1.00								•				
DIRECTOR		X				,		0.	0			0.	
(25) NATALIE JENSEN-NOLL	1.00												
DIRECTOR		x						0.	0			0.	
(26) ISRAEL SUAREZ	1.00												
DIRECTOR		$ \mathbf{x} $						0.	0			0.	
1b Sub-total							<u> </u>	105,840.	313,289		70,3		
c Total from continuation sheets to Part VII	. Section A							0.				0.	
d Total (add lines 1b and 1c)	,							105,840.	313,289		70,3		
Total number of individuals (including but no	nt limited to th	088	lietai	d ah	0/0	\ wh	0 re			<u> </u>			
compensation from the organization		030	113161	u ac	OVE	, ****	010	cerved more than \$100,	ooo of reportable			1	
Sometime of the second of the		_									Yes	No	
3 Did the organization list any former officer,	director or tra	etoc	. ko	v 0m	مام	·/OO	or b	vahort componented on	nnlovoo on		+:		
		13100	, NO	y C ili	ipio	уее,	011	ilghest compensated en	nployee on	<u> </u>	+	X	
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a us the su							41			3	+	<u> </u>	
The state of the state of									ne organization	<u> </u>	x	┼	
and related organizations greater than \$150Did any person listed on line 1a receive or a	,000 / If "Yes,	" COI	mple	ete S	che	dule	J fo	or such individual		4	+^	-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							late	d organization or individ	lual for services	<u> </u>	+	x	
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>olete Schedule</u>	Jfc	or su	ch o	erso	on			············	5		ΙΔ.	
				_									
1 Complete this table for your five highest cor										sation	from		
the organization. Report compensation for t	he calendar ye	ar e	ndın	g wr	th o	r wrt	hin T		ear				
(A) Name and business	- dd						-	(B)			(C)		
TVATTE AND DUSITIESS	auuress	NC	NE	<u> </u>			-	Description of s	ervices	Comp	ensatio	111	
							4				_		

Total number of independent contractors (including but not limited to those listed above) who received more than

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)			
/ (A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	/,,,	not c	Pos				Reportable	Reportable		Es	stimated
	hours per	box	, unle	ss pe	rson I	s botl	n an	compensation	compensatio	n	ar	nount of
	week	_~	icerar	id a d	recto	or/trus	tee)	from	from related			other
/	(list any	ee or director						the	organizations			pensation
	hours for related	ē	g			ated	ŀ	organization	(W-2/1099-MIS	C)		om the
, ,	organizations		trustee		بو	Suga		(W-2/1099-MISC)			_	anization
	below		ona		ploye	5 8						d related anizations
	line)	Individual	Institutional	Officer	Key employee	Highest compensated employee	Former			,	Olya	211124110115
(18) NATASHA WEBSTER	1.00	Ī	┢	Ť			-			\neg		
DIRECTOR		x		İ				0.		0.		0.
(19) OSCAR SANTOS	1.00									\Box		
DIRECTOR		X		L	L			0.		0.		0.
(20) PATRICIA GAINEY	1.00											
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>	_	0.		0.		0.
(21) PAUL FULTON, III	1.00											
DIRECTOR		X	_				_	0.		0.		0.
(22) PHILLIP PETROS	1.00						l					_
DIRECTOR	1 00	X			_	<u> </u>	<u> </u>	0.	·	0.		0.
(23) TRENT JERNIGAN	1.00	٠,,		.,								0
IMMEDIATE PAST CHAIRMAN (24) JULIE HANES	1.00	Х	_	X		\vdash	_	0.		0.		0.
DIRECTOR	1.00	x						0.		0.		0.
(25) NATALIE JENSEN-NOLL	1.00	^						1		 		0.
DIRECTOR	1.00	x						0.		0.		0.
(26) ISRAEL SUAREZ	1.00	-				\vdash						<u> </u>
DIRECTOR		x						0.		0.		0.
1b Sub-total	•				·		<u> </u>	105,840.	313,28		7	0,346.
c Total from continuation sheets to Part VII	l, Section A						•	0.	-	0.		0.
d Total (add lines 1b and 1c)								105,840.	313,28	9.	7	0,346.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization									-			1
												Yes No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or t	highest compensated en	nployee on	- 1		
line 1a? If "Yes," complete Schedule J for st	uch individual										3	X
4 For any individual listed on line 1a, is the su									ne organization	I		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	che	dule	J f	or such individual			4	Х
5 Did any person listed on line 1a receive or a					-		late	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	. J.fc	or su	ch r	ers	on .		 <u>.</u>		<u></u>	5	X
Section B. Independent Contractors												
Complete this table for your five highest cor	•	•								ensat	ion fro	om
the organization Report compensation for t	ne calendar ye	ear e	ndin	g wi	ith o	r wn	<u>חוח:</u>		ear T			
(A) Name and business	address	NC	NE	,			ı	(B) Description of s	ervices	C	(C compe	s) nsation
		110	/IT				-+		-	<u> </u>		
									_			
							_					
O Total number of advances												
Total number of independent contractors (ir \$100,000 of compensation from the organize)		ot lin	nited	to t	hos 0		ed	above) who received mo	ore than			
SEE PART VII, SECTION		TN	יבו	PΤC			प्र	RTS			Form '	990 (2017)
				\							· UIIII '	(2017)

	Y SCHOLARS		_						31-152	3230	
T CCGROTTE GITTER DICORD		mplo	yee			ligh	est (Compensated Employ			
(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated	
<i>(</i>	hours per week (list any hours for related organizations below line)	itee or director	Institutional trustee		Key employee	Highest compensated employee	Former A	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensate from the organization and relate organization	
27) JOHN WILSON	1.00	T						*			
IRECTOR		Х						0.	0.		
		\cdot									
								1.			
<u> </u>		 	_	Н	_		\vdash				
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×	Oliv II and or go	Check if Schedule O cont	ains a response (or note to any lin	e in this Part VIII			
			998 X 80 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, gran		41,402. 55,965. 75,000.				
ntribution 1 Other		similar amounts not included about Noncash contributions included in lines	ve <u>1f ‡ ,</u>	491,817. 10,515.				
<u>0</u> 8	_h	Total. Add lines 1a-1f			1,664,184.			
				Business Code				
ا بو	2 a	GOODWILL AGREEM	ENT	900099	890,000.	890,000.	<u> </u>	
ξ"	b						a .	
Seg	С							
E a	d					~		
Program Service Revenue	е				,			
4	f	All other program service reve	nue					
\Box	g	Total. Add lines 2a-2f			890,000.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)	•	>	2,421.			2,421.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
			(i) Real	(iı) Personal				
	6 a	Gross rents						
- 1	b	Less rental expenses						
- 1	С	Rental income or (loss)						
:	۰ d	Net rental income or (loss)		>	-			
	7 a	Gross amount from sales of	(i) Secunties	(iı) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses	1,281.					
	С	Gain or (loss)	<1,281.>					
		Net gain or (loss)			<1,281.>			<1,281.>
une	•	Gross income from fundraising	g events (not					
e e		contributions reported on line		1				
Other Revenu		Part IV, line 18		217,000.				
棉	b	Less direct expenses	b	59,871.			i ar v	
0	С	Net income or (loss) from fund	raising events		157,129.			157,129.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities	>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
•	b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	>		1		
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	^r 9,011.			9,011.
	b					1		
	С							
	d	All other revenue				•		
	е	Total. Add lines 11a-11d			9,011.			
	12	Total revenue See instructions.		▶_	2,721,464.	890,000.	0.	167,280.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
	- -	(A)	(B)	(C)	, (D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		* .		
2	Grants and other assistance to domestic			***	
2	individuals See Part IV, line 22	858,554.	858,554.		
٠.	Grants and other assistance to foreign	030,334.	030,331.		
3.	organizations, foreign governments, and foreign	,			
	individuals See Part IV, lines 15 and 16		•		
	,				
- 4	Benefits paid to or for members				***********************
5	Compensation of current officers, directors,	129,265.	32,316.	65,219.	. 31,730.
•	trustees, and key employees	129,203.	32,310.	03,219.	. 31,730.
6	·Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			,	
_	persons described in section 4958(c)(3)(B)	838,651.	668,039.	131,771.	20 041
7	Other salaries and wages	030,031.	000,039.	131,//1.	38,841.
8	Pension plan accruals and contributions (include	27 412	22 550	1 060	
	section 401(k) and 403(b) employer contributions)	27,412.	22,550.	4,862.	2 046
9,	Other employee benefits	77,438.	59,820.	14,772.	2,846.
10	Payroli taxes	102,572.	73,540.	20,851.	8,181.
11	Fees for services (non-employees)			4 1 4 0	
а	Management	4,149.		4,149.	
þ	Legal	6,217.	-	6,217.	
С	Accounting	18,880.	<u> </u>	18,880.	
d	Lobbying '		TO STATE OF THE ST	4 or access actions in communication for the	,
е	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 Sch 0.)				,
12	Advertising and promotion	1		-	
13	Office expenses	.67,825.	1,177.	66,648.	
14	Information technology	37,835.	16,591.	21,244.	•
15	Royalties				
16	Occupancy	4,366.		4,366.	
17	Travel	25,580.	25,580.		···
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				- + + '
19	Conferences, conventions, and meetings				
20	Interest		 		
21	Payments to affiliates		, ,		
22	Depreciation, depletion, and amortization	17,285.		17,285.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DDOGDAN AGETTEET	99,691.	99,691.	THE STREET OF THE PROPERTY OF	Assessment about a decoder analysis in the second of page
b	ENTERTAINMENT	25,132.	25,132.		
c	MISCELLANEOUS	22,518.	5,531.	16,504.	483.
ď	PROFESSIONAL DUES & MEM	3,360.	3,331.	3,360.	
_		<1,721.>	1,679.	<3,400.>	
.e 25	Total functional expenses Add lines 1 through 24e	2,365,009.	1,890,200.	392,728.	82,081.
<u>25</u> 26		2,303,003.	1,000,200.	332,720.	02,001.
Ζ0	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)		<u> </u>	L	

		Balance Sheet				
	Check if Schedule O contains a response or note to any line in this Part X					
	•			• (A) Beginning of year	,	(B) End of year
	1	Cash - non-interest-bearing		375,384.	1	212,654.
	2	Savings and temporary cash investments	₩	1,087,283.	· 2	656,002.
	3	Pledges and grants receivable, net		370,316.	3	1,261,868.
	4	Accounts receivable, net		. 19,449.	4	8,150.
	5.	Loans and other receivables from current and fo trustees, key employees, and highest compensa	· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L	tod omployodd demplote	KAL MAN GARANASAN MANDON MUNDOOL MINNES OF LINE AND	5	MANAGEMENT CONTRACTOR OF A VEN CONTRACTOR OF THE
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	•	•		
		employers and sponsoring organizations of secti				
S	ļ	employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net	,		7	
As	8	Inventories for sale or use	•	**	8	
	9	Prepaid expenses and deferred charges		6,876.	9	6,876.
	10a	Land, buildings, and equipment cost or other	l I			
		basis Complete Part VI of Schedule D	153,300			
	ь	Less, accumulated depreciation	10b 120,810		10c	32,490.
- !	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1	1,140,473.	12	1,203,217.
	13	Investments - program-related See Part IV, line			13	
	14	Intangible assets	-		14	
	15	Other assets See Part IV, line 11		2,386.	15	1,892.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	3,033,925.	16	3,383,149.
•	17 ،	Accounts payable and accrued expenses	*.	135,741.	17	39,771.
	18	Grants payable		•	18	
	19	Deferred revenue	λ		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former	officers, directors, trustees,			
Ħ		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L		,	22	
==	23	Secured mortgages and notes payable to unrela	ted third parties		23	•
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page			ŀ	
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D	F -	100 014	25	0.0 554
	26	·Total liabilities. Add lines 17 through 25		135,741.	26	39,771.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an	d 34.	1 000 000	7983	005 126
, DE	27	Unrestricted net assets		1,227,757.	_	905,136.
3916	28	Temporarily restricted net assets		621,913.	 	1,359,728.
힏	29	Permanently restricted net assets		1,048,514.	29	1,078,514.
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.	•		**************************************	
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid in or capital surplus, or land, building, or eq			31	
let	32	Retained earnings, endowment, accumulated in	come, or other funds	2 909 104	32	2 2/2 270
2	33	Total net assets or fund balances	•	2,898,184.	_	3,343,378.
	34	Total liabilities and net assets/fund balances		3,033,925.	34	3,383,149.

Form	990 (2017) CROSBY SCHOLARS COMMUNITY PARTNERSHIP	31-1523230 Pa	age 12
Pai	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 2,721,4 2 2,365,0 3 356,4 4 2,898,1 5 88,7 6 7	009. 155. 84.
Ю	column (B))	10 3,343,3	78.
₽ġį	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	Yes	X No
1 2a	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	. 2a	X
b	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate box consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	2b X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedi	ule O	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A 133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	X
	or addits, explain why in scriedule of and describe any steps taken to undergo such addits	Form 990	(2017)
			, · · /

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

Employer identification number 31-1523230

Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g _ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-1523

Pairt Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 31-1523230 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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 ")	587,724.	1526630.	393,634.	967,312.	1664184.	5139484.
2	Tax revenues levied for the organ-						
	zation'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	587,724.	1526630.	393,634.	967,312.	1664184.	5139484.
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				7		
	amount shown on line 11,						
	column (f)						2464131.
	Public support. Subtract line 5 from line 4						2675353.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning ın) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	587,724.	1526630.	393,634.	967,312.	1664184.	5139484.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,049.	1,227.	1,317.	1,222.	2,421.	7,236.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital	_					
	assets (Explain in Part VI)	16,587.	8,347.	2,699.	4,422.	9,011.	41,066.
11	Total support. Add lines 7 through 10				***		5187786.
	Gross receipts from related activities,						<u>,080,000.</u>
13	First five years. If the Form 990 is for	=	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	. —
C	organization, check this box and stor						
	tion C. Computation of Publi			<u> </u>		r::-	E1 E7
	Public support percentage for 2017 (li		•	olumn (f))	,	14	51.57 %
	Public support percentage from 2016	•	-			15	63.38 %
16a	33 1/3% support test - 2017. If the c	=		line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		=	10 10 1	1 45 00 4/00/	1 . 1 45	▶ 🗓
b	33 1/3% support test - 2016. If the c	J		•	line 15 is 33 1/3%	or more, check thi	s dox ▶ ┌──
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·			10.10		
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					π vi now the organ	ization
	meets the "facts-and-circumstances"	•	•	• • •	-	7 I 45 -	1007
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				•		·
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n dio not check a l	oux on line 13, 168	1, 100, 1/a, 01 1/0		edule A (Form 990	

3

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 (n) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 100 Public support. (Subtract fine 7c from fine 6) Section B. Total Support (**6**) 2014 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gajiń or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) % 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment/income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % investment income percentage from 2016 Schedule A, Part III, line 17 18 % 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

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

Section A. All Supporting Organizations

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

	Yes	No
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ЖĄ	Supporting Organizations (continued)		Ves	NI-
44	Here the expension expensed a gift or contribution from any of the fallowing access?	5356650	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	109003570,	2399999999
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1 110 1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	13000		
•	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 carned out the purposes of the supported organization(s) that operated,			***
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
		You acc 200. 10	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	Minima A	PARAMA.	35685
500	the supported organization(s). tion D. All Type III Supporting Organizations	1	L	
Sec	tion b. All Type in Supporting Organizations		Van	No
	Did the assessment as around to each of the assessment assessment his the least day of the fifth month of the	****	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, (i) 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?	4	**************************************	Discouleur at.
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;),	•	
а	The organization satisfied the Activities Test Complete line 2 below			
ь	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions)		
2	Activities Test Answer (a) and (b) below.	*~####################################	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	SURVEY WEST	<i>\$~</i>	**************************************
	that these activities constituted substantially all of its activities.	2a	\$46 T	2005
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	2b	4### 4###	PARTITION OF
2	activities but for the organization's involvement ,	\$30.5840		** *****
.3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		***	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	FORELLESS	ann witiri
b			\$159.F	
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 CROSBY SCHOLARS COMMUNITY			1-1523230 Page 6
'F.	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete S	Sections A through E	
Sect	on 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	k *	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		!
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	-	
7	Other expenses (see instructions)	' 7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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)	. 323		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1Ь	-	
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			
<u>;</u>	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_	•	
6	Multiply line 5 by 035	6.		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		,
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		~
	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	y integra	ated Type III supporting organ	nization (see .
		<u>, </u>	· · · · · · · · · · · · · · · · · · ·	-

Schedule A (Form 990 or 990-EZ) 2017

	rtwo Type III Non-Functionally Integrated 509			1-1523230 Page 7
C 4309 40	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer		Ourent real	
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	v barbaasa ar aabbartaa	·	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets	O O O OOPPORTOR OF GENERALION	<u> </u>	 -
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	ne 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			
		(i)	(ti)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	, ,		Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
	From 2014			
đ	From 2015			
е	From 2016			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
_i	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			
С	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 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			,
	and 4b from line 1 For result greater than zero, explain in			
	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		V2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990	-EZ) 2017	CROSB	Y SCHOLARS	COMMUNITY	PARTNERSHIP	31-1523230 Page 8
Part VI	Supplement Part IV, Section line 1, Part IV, Se	al Inform A, lines 1, ection D, li 5, 6, and 8	nation. P 2, 3b, 3c, 4 ines 2 and 3	Provide the explana lb, 4c, 5a, 6, 9a, 9b 3. Part IV. Section E	tions required by Part , 9c, 11a, 11b, and 1 E. lines 1c. 2a. 2b. 3a	t II, line 10, Part II, line 17a 1c, Part IV, Section B, line	or 17b, Part III, line 12; s 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V,
							11-
			 				
						· · · · · · · · · · · · · · · · · · ·	
	- ***						
			<u></u>	···-			
							
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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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CROSBY SCHOLARS COL			31-1523230
Par	t I Organizations Maintaining Donor Advise	d Funds or O	her Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donoi	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 v	writing that the as	sets held in donor advis	sed funds
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			used only
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		, , ,	Yes No
Pai		anization answer	ed "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or e	_	¬ '	torically important land area
	Protection of natural habitat		_	tified historic structure
	Preservation of open space	-		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation	contribution in the form	of a conservation easement on the last
_	day of the tax year	ica conscivation		Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
b	Number of conservation easements on a certified historic str.	icture included in	(a)	2c
c بہ			• •	}
a	Number of conservation easements included in (c) acquired a	itter //25/06, and	not on a mistoric structi	
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguish	ed, or terminated by the	organization during the tax
4	year Number of states where preparty subject to consequation and	amont in located		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		inspection, nanuling of	Yes No
_	violations, and enforcement of the conservation easements it		and antaraine again	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violati	ons, and emorcing cons	servation easements during the year
7	Amount of expanses are used in manifestor a present in bond	lling of walations	and anforming commons	tion apparents during the year
′	Amount of expenses incurred in monitoring, inspecting, hand > \$	ining of violations,	and emorcing conserva	tion easements during the year
8		o cation, the regul	roments of cootion 170	ъ// / ///P//)
0	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisty the requ	rements of section 170	Yes No
9	In Part XIII, describe how the organization reports conservation	an accoments in i	e revenue and evacace	
3	include, if applicable, the text of the footnote to the organization		•	
		IION S III ANCIAI SIA	terrierits triat describes	the organization's accounting for
Pa	conservation easements t III Organizations Maintaining Collections of	Art Historica	al Treasures, or Of	ther Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under SFAS 116 (AS			nent and halance sheet works of art
14	historical treasures, or other similar assets held for public exh	• •		
	the text of the footnote to its financial statements that describ		, or research in laterera	noe of public service, provide, in rare xiii,
h			n ite rovenijo etatoment	and halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS	• •		
	treasures, or other similar assets held for public exhibition, ed	ducation, or resea	ron in turtherance of pu	blic 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 trea			il gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) rela	ting to these items	. .
а	Revenue included on Form 990, Part VIII, line 1			\$ `
b	Assets included in Form 990, Part X			▶ \$

_		SCHOLARS CO			Cimila		23230	
L	organizations maintaining o							
3								
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations			_				
4	Provide a description of the organization's co					ose in Part	XIII	
5	During the year, did the organization solicit o				r assets		-	
Dec	to be sold to raise funds rather than to be ma						Yes	No_
Par	reported an amount on Form 990, Par		ete if the organization	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		any for contribution	or other assets not	included			
14	on Form 990, Part X?	and of ourier intermedia	lary for contribution	s of other assets not	IIICIGGGG	_	Yes	X No
h	If "Yes," explain the arrangement in Part XIII	and complete the following	lowing table:				_ 163	140
	in res, explain the analigement in Part Allia	and complete the lon	lowing table		<u> </u>	Ī	Amount	
_	Beginning balance				1c	†	Amount	
	Additions during the year				1d	<u> </u>		
	Distributions during the year				1e	†		
f	Ending balance				1f			
	Did the organization include an amount on Fo	orm 990 Part Y line	21 for escrow or cu	istodial account liab			Yes	□ No
	If "Yes," explain the arrangement in Part XIII						_ 163	H "
Par							*****	
L		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years back
1a	Beginning of year balance	1,140,473.	790,801.	819,698.		799,556.		750,668.
b	Contributions	30,000.	294,594.	10,000.	<u> </u>	5,000.		3,000.
c	Net investment earnings, gains, and losses	77,144.	97,421.	<15,747.>	<u>† - </u>	35 668.		65,736.
d	Grants or scholarships		, , , , , , , , , , , , , , , , , , , ,					
	Other expenditures for facilities				1			
·	and programs	44,400.	42,343.	23,150.		20,526.		19,848.
•	Administrative expenses		,					
g	End of year balance	1,203,217.	1,140,473.	790,801.		819,698.		799,556.
2	Provide the estimated percentage of the curr		<u>i</u> _	l	<u> </u>		L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Board designated or quasi-endowment	• 00	%	y rield as				
ь	Permanent endowment > 89.64	%						
	Temporarily restricted endowment ▶ 1							
Ŭ	The percentages on lines 2a, 2b, and 2c short							
За	Are there endowment funds not in the posses	· ·	tion that are held ar	nd administered for t	he organiz	ation		
	by.	oolon or allo organiza					Г	Yes No
	(i) unrelated organizations							X
	(ii) related organizations	~					3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	· ·					<u> </u>	
Par								
	Complete if the organization answered	d "Yes" on Form 990	. Part IV, line 11a S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or o			Accumulat	ed	(d) Book	value
		basis (investr	' '		epreciation		(-,	
1a	Land	<u> </u>						
	Buildings		T T				•••	
	Leasehold improvements				-			
d	Equipment		15	3,300.	120,8	10.	32	,490.
	Other							
	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part 2	X. column (B). line 1	0c.)			32	,490.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	f valuation Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) CROSBY SCHOLARS ENDOWMENT				
(B) FUND	1,203,217	. END-OF-	YEAR MARKET	VALUE
(C)				
(D)				
(E)				<u> </u>
(F)				. !.
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,203,217			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of	f valuation Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part X Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990	D, Part X, line 15	1
(a)	Description			(b) Book value
<u>(1)</u>		·		
(2)				
(3)				
(5)				
(6)				
(7)			- 4T T - T - T - T	
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X. other Liabilities.	: 15.)			<u>L</u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Fo	rm 990, Part X, line 25	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)		-		

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

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

X

Schedule D (Form 990) 2017 CROSBY SCHOLARS COMMUNITY PARTNERSHIP	31-1523230 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE SEPARATED FROM REVENUE	59,871.
LOSS ON DISPOSAL OF ASSETS	1,281.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	61,152.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	···
FUNDRAISING EXPENSE SEPARATED FROM REVENUE	59,871.
LOSS ON DISPOSAL OF ASSETS	1,281.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	61,152.
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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-1523230 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b С Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes ⊒ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity from activity fundraiser or entity (fundraiser) organization listed in col (i) Yes No <u>Total</u> 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events GOLF NONE (add col (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) 217,000. 217,000. Gross receipts 1 55,965 55,965. Less Contributions 161,035 161,035. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expense Rent/facility costs Direct 7 Food and beverages 8 Entertainment 59,871. 59,871. Other direct expenses 59. 871 10 Direct expense summary Add lines 4 through 9 in column (d) 164 101 11 Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses % Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net garning income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2017 CROSBY SCHOLARS COMMUNITY PARTNERSHIP

31-1523230 Page 2

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2017 CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-	1523230	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
C	: If "Yes," enter name and address of the third party		
	Name ►		
	Address		
16	Gaming manager information		
	Name		· · · · · · · · · · · · · · · · · · ·
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
L.	organization's own exempt activities during the tax year \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9 9h 10	b 15b
<u> </u>	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	iiiles 5, 50, 10	D, 10D,
	13c, 10, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	(Form 990 or 990-EZ)	CROSBY	SCHOLARS	COMMUNITY	PARTNERSHIP	<u>31-1523230</u>	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (con	tınued)				
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<u> </u>							
		_,,-					
<u>-</u>							

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

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

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Publication

2 []

Employer identification number 31-1523230 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection CROSBY SCHOLARS COMMUNITY PARTNERSHIP General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

, iine z i, ior any	(h) Purpose of grant or assistance				4
Domestic Governments. Complete if the organization answered. Tes. on Form 990, Part IV, line 21, for any ed if additional space is needed.	(g) Description of noncash assistance			-	
anization answered Tr	(f) Method of valuation (book, FMV, appraisal, other)				
ompiete ir tne orga ed.	(e) Amount of non-cash assistance				
Governments. Contact in the contact	(d) Amount of cash grant				lietot in the line 1 toble
	(c) IRC section (if applicable)				9
omestic Organiz 5,000 Part II can b	(b) EIN				or to the contract of the
rearting Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				for contract the (0)(0) for a contract to a contract to the co

Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2017)

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

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Page 2

31-1523230

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2017)

! Part III }

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Fertivi Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information IT IS DETERMINED THAT A STUDENT QUALIFIES FOR A LAST DOLLAR THE STUDENT RECEIVES A LETTER MAKING HIM/HER AWARE OF THE AWARD THE ORGANIZATION'S GRANTS ARE DISBURSED ELECTRONICALLY VIA ACH A LAST DOLLAR PAYMENTS ARE ACCOMPANIED BY AN EMAIL TO THE SCHOOL'S STUDENT ACCOUNTS Ö (d) Amount of non-cash assistance FOR STUDENT WHO APPLIES 858,554 (c) Amount of cash grant 670 (b) Number of recipients CREDIT TO THE SCHOOL'S BANK ACCOUNT. SUCH AN ANALYSIS IS PERFORMED ON EACH SCHOLARSHIPS FOR STUDENTS TO ATTEND COLLEGE (a) Type of grant or assistance ONCE LINE MOST OF PART I, GRANT GRANT

DEPARTMENT WITH THE GRANTEE'S INFORMATION SO THAT THE GRANT FUNDS MAY BE

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection Employer identification number

Name of the organization

Department of the Treasury

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

31-1523230

Ŗ	artille Questions Regarding Compensation	-		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	· 💥		
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		***	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b [*]	.0000.00	LEACOY LOC
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	***		1000
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	3.0 00000	3 3X4 17660
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
٠	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	•			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	3307		
, '	organization or a related organization			
а	- Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	L	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
•	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		XXX	2300
а	The organization?	5a	ļ	X
b	Any related organization?	5b	-1 170 (00)	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			+22
	contingent on the net earnings of			\$ 1800 1800 1800 1800 1800 1800 1800 1800
а	The organization?	6a	ļ	X
b	Any related organization?	6b	,	X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		9 22	***
	not described on lines 5 and 67 If "Yes," describe in Part III	7	100	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		XX	
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

							•	
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	· (a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) ART GIBEL	Ξ	0.	0	0	0	0.	0	0
EX-OFFICIO	<u> </u>	281,005.	17,350.	14,934.	34,851.	16,251.	364,391.	0
	ε							
	€							
	Ξ			!				
	(ii)							
] (i)							
	l(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ■ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

Employer identification number 31-1523230

FORM 990. PART III. LINE 4A. PROGRAM SERVICE ACCOMPLISHMENTS: FINANCIAL AID TO COVER THE COST OF ATTENDANCE IN THAT PARTICULAR SCHOOL YEAR. THE PROGRAM HELPS STUDENTS PREPARE FOR COLLEGE BY ENCOURAGING THEM TO MAKE GOOD DECISIONS. BY HELPING THEM DEVELOP STRONG ACADEMIC SKILLS AND BY HELPING THEM TO UNDERSTAND THE REQUIREMENTS FOR COLLEGE ADMISSION WITH THIS GUIDANCE, STUDENTS CAN PREPARE FOR COLLEGE ENROLLMENT EARLY. AND SCHOLARSHIP/FINANCIAL AID OPPORTUNITIES. STUDENTS CAN JOIN THE CROSBY SCHOLARS PROGRAM AS EARLY AS 6TH GRADE TO BEGIN THE PROCESS OF PREPARING FOR COLLEGE. STUDENTS ATTEND WORKSHOPS CALLED SATURDAY ACADEMY ON COLLEGE CAMPUSES. THE SATURDAY ACADEMY WORKSHOPS INCLUDE TOPICS SUCH AS ANGER MANAGEMENT, BUILDING SELF-ESTEEM, SPEECH AND STUDY SKILLS, TEST TAKING SKILLS COMMUNICATION, TIME MANAGEMENT, CONFLICT RESOLUTION, PREPARING FOR THE SAT, CAREER EXPLORATION, COLLEGE ADMISSIONS, SCHOLARSHIPS, FINANCIAL AID AND COLLEGE SURVIVAL SKILLS. THESE CLASSES HELP STUDENTS DEVELOP THE FOUNDATION FOR SUCCESS THAT WILL HELP THEM BECOME BETTER PREPARED FOR COLLEGE. STUDENTS IN GRADES 9-11 MEET MONTHLY WITH VOLUNTEERS TO BETTER PREPARE FOR SUCCESSFUL COLLEGE ENROLLMENT, AND SENIOR CROSBY SCHOLARS MEET ONE ON ONE WITH AN ADVISOR TO HELP WITH THE SENIOR YEAR COLLEGE APPLICATION AND SCHOLARSHIP PROCESS.

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

THE EXECUTIVE DIRECTOR EMAILS THE 990 TO ALL BOARD MEMBERS AND THE 990 IS

REVIEWED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE'S FINAL

APPROVAL IS NEEDED BEFORE THE RETURN CAN BE FILED. THE 990 IS SIGNED BY

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2017

OMB No 1545-0047

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Open to Public

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

Employer identification number 31-1523230

(a)	(q)	(c)	(Đ	(e)		E	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	ne End-of-year assets		Direct controlling	
of disregarded entity		foreign country)			eu	entity	
					-		
		-					
Partil Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year	tions. Complete if the organization ar	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, be	ecause it had one	or more related tax-exer	πpt	
(a)	(q)	(၁)	(p)	(e)	(4)	(6)	(5,74)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ed (c) (c)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	N _o
GOODWILL INDUSTRIES OF NW NORTH CAROLINA,	HELPING THE DISABLED AND		-		GOODWILL		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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INDUSTRIES OF NWNC, INC.

501(C)(3)

NORTH CAROLINA

OTHERS TO OVERCOME

56-0588474, PO BOX 4299, 27115

INC.

S

WINSTON-SALEM,

BARRIERS

31-1523230

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Page 2

Schedule R (Form 990) 2017 CROSBY SCHOLARS COMMUNITY PARTNERSHIP

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership ड Yes No 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling | entity Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

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	Ξ	Section 512(b)(13) controlled entity?	Yes No	_		-	 	H		-	 	-	 _
		96 <u>0</u>	۲	-		L	 	┝	 	_		_	
	Ξ	Percentage ownership											
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)	Share of total income											
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	(e)	of entity S co	rust)										
		Type of entity (C corp, S corp,	ō									•	
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	(Q)	Direct controlling entity											
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		<u>lala</u> .											
	(c)	Legal domicile (state or	country)										
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ומץ אפי		(b) Primary activity											
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Uganizations treated as a corporation of trust during the tax year													Γ
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מ מט	<u>e</u>	ess, an											
וופשוב	(a)	addre ated o											
ations		Name, address, and EIN of related organization											
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Schedule R (Form 990) 2017

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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						(5)
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			CASH	25,000.	U	
						GOODWILL INDUSTRIES OF NW NORTH CAROLINA,
			CASH	.000,068	ij	GOODWILL INDUSTRIES OF NW NORTH CAROLINA,
		ved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of related organization
			elationships and transaction thresholds	this line, including covered in	ho must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
×		15				s Other transfer of cash or property from related organization(s)
×		÷				r Other transfer of cash or property to related organization(s)
	,	!				א ויפווויסטוסטוופויר אמנט בין יפומיסט טיטמוויבמווטיוען וטי כאאטויסט
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×		5			nzation(s) on(s)	m Perorinance of services of membership of idiorasmig solicitations by related organization(s) in Charmo of familiae, equipment, mailing lists, or other assets with related organization(s).
>	×	= ;			nization(s)	
4	1	¥				K Lease of facilities, equipment, or other assets from related organization(s)
×		Ę				
×		Ę				
×		Ę				
×		4				
×		19		•		a Sale of assets to related organization(s)
×		¥				f Dividends from related organization(s)
X		16				e (cans or loan guarantees by related organization(s)
×		9				d Loans or loan guarantees to or for related organization(s)
	×	2				c Gift, grant, or capital contribution from related organization(s)
×		9				b Gift, grant, or capital contribution to related organization(s)
×		13				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
			Parts II:IV?	related organizations listed	s with one or more	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
ş	Yes	┪				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

, M

Schedule R (Form 990) 2017 CROSBY SCHOLARS COMMUNITY PARTNERSHIP

Parity | Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(h) (t) (v) Code V-UBI General or Percentage unrate amount in box 20 managing ownership ves No (Form 1065) Yes No end-of-year Share of assets (f) Share of total income (e)
Are all
partners sec
501(c)(3)
orgs? Predominant income (related, unrelated, sections 512-514) 9 (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	CROSBY	SCHOLARS	COMMUNITY	PARTNERSHIP	31-1523230	Page 5
Part VIII	(Form 990) 2017 Supplemental Infor	mation.					
	Provide additional informa	ation for respor	nses to questions	on Schedule R See	instructions		
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