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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FOUNDATION FOR LOVEJOY SCHOOLS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

259 COUNTRY CLUB ROAD

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

ALLEN, TX 75002

D Employer identification number

81-0625033

E Telephone number

(469) 742-8043

G Gross receipts \$ 792,696

F Name and address of principal officer

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

CHARITABLE AND EDUCATIONAL BENEFITS TO LOVEJOY ISD ..

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>                                                                                                                         | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                         | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                      |     | No |
| <b>4</b> <b>Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?<br><i>If "Yes," complete Schedule C, Part II</i>                                                 |     | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?<br><i>If "Yes," complete Schedule C, Part III</i>                            |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?<br><i>If "Yes," complete Schedule D, Part I</i> |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                            |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets?<br><i>If "Yes," complete Schedule D, Part III</i>                                                                                                      |     | No |
| <b>9</b> <del>Did the organization, except for a trust, have a tax-exempt purpose that is not a charitable purpose as described in</del>                                                                                                                                  |     |    |

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

|                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                                     |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                       |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                    | Yes |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                        |     | No |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                             |     | No |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                  |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                        |     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                               |     | No |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                  |     | No |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                   |     | No |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .                                            |     | No |
| <b>26</b> 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?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                        |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                            |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                         |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                         |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                               |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                          |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                             |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                         |     | No |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                          |     | No |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                         |     | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that                                                                                                                                                                                                         |     |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|                                                                                        |                                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>                                                                              | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              |     |    |
| <b>1b</b>                                                                              | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           |     |    |
| <b>1c</b>                                                                              | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | Yes |    |
| <b>2a</b>                                                                              | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             |     |    |
| <b>2b</b>                                                                              | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        |     | No |
| <b>3a</b>                                                                              | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |     | No |
| <b>3b</b>                                                                              | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               |     | No |
| <b>4a</b>                                                                              | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | No |
| <b>b</b>                                                                               | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |    |
| <b>5a</b>                                                                              | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |     | No |
| <b>5b</b>                                                                              | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |     | No |
| <b>5c</b>                                                                              | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         |     |    |
| <b>6a</b>                                                                              | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | No |
| <b>6b</b>                                                                              | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b> |                                                                                                                                                                                                                                            |     |    |
| <b>a</b>                                                                               | 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?                                                                                            | Yes |    |
| <b>b</b>                                                                               | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | Yes |    |
| <b>7c</b>                                                                              | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       |     | No |
| <b>7d</b>                                                                              | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         |     |    |
| <b>c</b>                                                                               | Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit contract?                                                                                                                              |     |    |

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

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

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                     | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |    |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               |     | No |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  |     | No |

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

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

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

in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections C and D.**

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title                                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) JEFF WOOD<br>.....<br>Director                                      | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (19) MARK WHEELIS<br>.....<br>Vice President                             | 4 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (20) TRAVIS SHULL<br>.....<br>Director                                   | 1 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                          |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b> . . . . .                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                                                                                                      |                                                                                               |                                                                                                    | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                    | <b>1a</b> Federated campaigns . . .                                                           | <b>1a</b>                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>b</b> Membership dues . . .                                                                | <b>1b</b>                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>c</b> Fundraising events . . .                                                             | <b>1c</b>                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>d</b> Related organizations                                                                | <b>1d</b>                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>e</b> Government grants (contributions)                                                    | <b>1e</b>                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above | <b>1f</b>                                                                                          | 312,718              |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                            |                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>h Total.</b> Add lines 1a-1f . . . . .                                                     |                                                                                                    | 312,718              |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                                                                                                       | <b>2a</b> _____                                                                               |                                                                                                    | Business Code        |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>b</b> _____                                                                                |                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>c</b> _____                                                                                |                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>d</b> _____                                                                                |                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>e</b> _____                                                                                |                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>f</b> All other program service revenue                                                    |                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>g Total.</b> Add lines 2a-2f . . . . .                                                     |                                                                                                    | 0                    |                                                    |                                         |                                                                  |
|                                                                                                                                                      | <b>Revenue</b>                                                                                | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . |                      | 22,043                                             |                                         |                                                                  |
| <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                          |                                                                                               | 0                                                                                                  |                      |                                                    |                                         |                                                                  |
| <b>5</b> Royalties . . . . .                                                                                                                         |                                                                                               | 0                                                                                                  |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      |                                                                                               | (i) Real                                                                                           | (ii) Personal        |                                                    |                                         |                                                                  |
| <b>6a</b> Gross rents                                                                                                                                |                                                                                               |                                                                                                    |                      |                                                    |                                         |                                                                  |
| <b>b</b> Less rental expenses                                                                                                                        |                                                                                               |                                                                                                    |                      |                                                    |                                         |                                                                  |
| <b>c</b> Rental income or<br>(loss)                                                                                                                  |                                                                                               |                                                                                                    |                      |                                                    |                                         |                                                                  |
| <b>d</b> Net rental income or (loss) . . . . .                                                                                                       |                                                                                               | 0                                                                                                  |                      |                                                    |                                         |                                                                  |
|                                                                                                                                                      |                                                                                               | (i) Securities                                                                                     | (ii) Other           |                                                    |                                         |                                                                  |
| <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                            |                                                                                               |                                                                                                    |                      |                                                    |                                         |                                                                  |
| <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                           |                                                                                               |                                                                                                    |                      |                                                    |                                         |                                                                  |
| <b>c</b> Gain or (loss)                                                                                                                              |                                                                                               |                                                                                                    |                      |                                                    |                                         |                                                                  |
| <b>d</b> Net gain or (loss) . . . . .                                                                                                                |                                                                                               | 0                                                                                                  |                      |                                                    |                                         |                                                                  |
| <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                                                               | <b>a</b>                                                                                           | 457,148              |                                                    |                                         |                                                                  |
| <b>b</b> Less direct expenses . . . . .                                                                                                              |                                                                                               | <b>b</b>                                                                                           | 131,112              |                                                    |                                         |                                                                  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 506,480               | 506,480                         |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               | 0                     |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         | 0                     |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           | 0                     |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 0                     |                                 |                                        |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 0                     |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              | 55,046                |                                 | 55,046                                 |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 5                     |                                 | 5                                      |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 5,750                 |                                 | 5,750                                  |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 210                   |                                 | 210                                    |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 188                   |                                 | 188                                    |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 1,822                 |                                 | 1,822                                  |                             |
| <b>24</b> 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):                                       |                       |                                 |                                        |                             |
| <b>a</b> DATABASE                                                                                                                                                                                                                                 | 2,388                 |                                 | 2,388                                  |                             |
| <b>b</b> WELCOME TO LOVEJOY                                                                                                                                                                                                                       | 1,300                 | 1,300                           |                                        |                             |
| <b>c</b> SUPPLIES                                                                                                                                                                                                                                 | 1,063                 |                                 | 1,063                                  |                             |
| <b>d</b> OTHER                                                                                                                                                                                                                                    | 847                   |                                 | 847                                    |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 1,228                 |                                 | 1,228                                  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 576,327               | 507,780                         | 68,547                                 | 0                           |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**

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

|          |                                                                                                                                                                                                                                                                                                                                        | (A)<br>Beginning of year |          | (B)<br>End of year |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------|
| <b>1</b> | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                    | 473,025                  | <b>1</b> | 523,643            |
| <b>2</b> | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>2</b> | 0                  |
| <b>3</b> | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>3</b> | 0                  |
| <b>4</b> | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                     |                          | <b>4</b> | 0                  |
| <b>5</b> | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b> | 0                  |
| <b>6</b> | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b> | 0                  |
| <b>7</b> | Other assets . . . . .                                                                                                                                                                                                                                                                                                                 |                          | <b>7</b> | 0                  |
| <b>8</b> | Other liabilities . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>8</b> | 0                  |
| <b>9</b> | Net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>9</b> | 0                  |

\$

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                               |           |         |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 661,584 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 576,327 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 85,257  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 328,111 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |         |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  |         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 413,368 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|           |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No |

# Additional Data

**Software ID:** 17005038  
**Software Version:** 2017v2.2  
**EIN:** 81-0625033  
**Name:** FOUNDATION FOR LOVEJOY SCHOOLS

Form 990 (2017)

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

PROVIDED TEACHER AND CLASSROOM GRANTS TO FURTHER PROFESSIONAL EDUCATION OF TEACHERS SERVING LOVEJOY ISD SCHOOLS, WHICH EDUCATE APPROXIMATELY 4,000 ELEMENTARY, JUNIOR AND HIGH SCHOOL STUDENTS



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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

(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.)

## Calendar year

(or fiscal year beginning in) ►

**(a) 2013**

(b) 2014

(c) 2015

(d) 2016

(e) 2017

**(f) Total**

|                                         |                                                                                                                                |           |                |                                |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------|
| <b>7</b>                                | Other expenses (see instructions)                                                                                              | <b>7</b>  |                |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                             | <b>8</b>  |                |                                |
| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                |           | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>  |                |                                |
| <b>a</b>                                | Average monthly value of securities                                                                                            | <b>1a</b> |                |                                |
| <b>b</b>                                | Average monthly cash balances                                                                                                  | <b>1b</b> |                |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets                                                                               | <b>1c</b> |                |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | <b>1d</b> |                |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors<br>(explain in detail in Part VI)                                        |           |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets                                                                   | <b>2</b>  |                |                                |
| <b>3</b>                                | Subtract line 2 from line 1d                                                                                                   | <b>3</b>  |                |                                |
| <b>4</b>                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | <b>4</b>  |                |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | <b>5</b>  |                |                                |
| <b>6</b>                                | Multiply line 5 by .035                                                                                                        | <b>6</b>  |                |                                |
| <b>7</b>                                | Recoveries of prior-year distributions                                                                                         | <b>7</b>  |                |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | <b>8</b>  |                |                                |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 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.

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |

- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509?

provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

**(i)** Revenue included on Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D **Schedule D (Form 990) 2017**

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> 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.</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                    |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year: (i) a written notice describing the type and amount of support provided during the prior tax year; (ii) a copy of the |     |    |

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

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

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |          | (A) Prior Year | (B) Current Year<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b> |                |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b> |                |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b> |                |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b> |                |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b> |                |                                |
| <b>6</b> 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) | <b>6</b> |                |                                |

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

| Section D - Distributions                                                                                    | Current Year |
|--------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                               |              |
| <b>2</b> Amounts paid to perform activities that directly further exempt purposes of supported organizations |              |
|                                                                                                              |              |
|                                                                                                              |              |
|                                                                                                              |              |
|                                                                                                              |              |
|                                                                                                              |              |
|                                                                                                              |              |
|                                                                                                              |              |
|                                                                                                              |              |

revenue?

☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**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

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to

Additional Data

Software ID: 17005038  
Software Version: 2017v2.2  
EIN: 81-0625033  
Name: FOUNDATION FOR LOVEJOY SCHOOLS

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

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

## Supplemental Financial Statements

OMB No 1545-0047

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)***3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?☐ **Yes** ☐ **No****Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ **Yes** ☐ **No****b** If "Yes," explain the arrangement in Part XIII and complete the following table**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?☐ **Yes** ☐ **No****b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . . ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                             |
| (2) Closely-held equity interests . . . . .                             |                |                                                             |
| (3) Other _____                                                         |                |                                                             |
| (A)                                                                     |                |                                                             |
| (B)                                                                     |                |                                                             |
| (C)                                                                     |                |                                                             |
| (D)                                                                     |                |                                                             |
| (E)                                                                     |                |                                                             |
| (F)                                                                     |                |                                                             |
| (G)                                                                     |                |                                                             |
| (H)                                                                     |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     |                |                                                             |

Part VIII

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

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

Part IX

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

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

Part X

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

| 1. (a) Description of liability                                     | (b) Book value |  |
|---------------------------------------------------------------------|----------------|--|
| (1) Federal income taxes                                            |                |  |
|                                                                     |                |  |
| (2)                                                                 |                |  |
| (3)                                                                 |                |  |
| (4)                                                                 |                |  |
| (5)                                                                 |                |  |
| (6)                                                                 |                |  |
| (7)                                                                 |                |  |
| (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 ☐

## Part XI

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

|                  |                                                    |
|------------------|----------------------------------------------------|
| <b>Part XIII</b> | <b>Supplemental Information <i>(continued)</i></b> |
|------------------|----------------------------------------------------|

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| SCHEDULE G<br>(Form 990 or 990-EZ)                         | <b>Supplemental Information Regarding Fundraising or Gaming Activities</b><br><br>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a<br>▶ Attach to Form 990 or Form 990-EZ.<br><br>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047                                |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>2017</b><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |
| Name of the organization<br>FOUNDATION FOR LOVEJOY SCHOOLS |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Employer identification number<br>81-0625033    |

**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.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

|                                                                   |                                                                   |
|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Solicitation of contributions | <input type="checkbox"/> Solicitation of new government contracts |
|-------------------------------------------------------------------|-------------------------------------------------------------------|

**Part II 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.

|                 |                                                                                   | (a) Event #1                          | (b) Event #2                        | (c) Other events           | (d)                                              |
|-----------------|-----------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|----------------------------|--------------------------------------------------|
|                 |                                                                                   | <b>D &amp; D GALA</b><br>(event type) | <b>LADIES NIGHT</b><br>(event type) | <b>1</b><br>(total number) | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .                                                 | 412,010                               | 35,238                              | 9,900                      | 457,148                                          |
|                 | <b>2</b> Less Contributions . . . . .                                             |                                       |                                     |                            |                                                  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 412,010                               | 35,238                              | 9,900                      | 457,148                                          |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                    |                                       |                                     |                            |                                                  |
|                 | <b>5</b> Noncash prizes . . . . .                                                 | 9,654                                 |                                     |                            | 9,654                                            |
|                 | <b>6</b> Rent/facility costs . . . . .                                            |                                       | 4,435                               |                            | 4,435                                            |
|                 | <b>7</b> Food and beverages . . . . .                                             | 35,417                                | 3,179                               | 1,043                      | 39,639                                           |
|                 | <b>8</b> Entertainment . . . . .                                                  |                                       |                                     |                            |                                                  |
|                 | <b>9</b> Other direct expenses . . . . .                                          | 74,551                                | 1,478                               | 1,355                      | 77,384                                           |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                       |                                     |                            | 131,112                                          |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                       |                                     |                            | 326,036                                          |

**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.

|                 |                                                                                        | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                        |                                                                     |                                                                     |                                                                     |                                                   |
| Revenue         | <b>1</b> Gross revenue . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>2</b> Cash prizes . . . . .                                                         |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>3</b> Noncash prizes . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                                 |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                               |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>6</b> Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                   |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|------------|---|
| <b>11</b> Does the organization conduct gaming activities with nonmembers?                                                                                      | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                       |            |   |            |   |
| <b>12</b> 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? | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                       |            |   |            |   |
| <b>13</b> Indicate the percentage of gaming activity conducted in:                                                                                              |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
| <b>a</b> The organization's facility                                                                                                                            | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table> | <b>13a</b> | % | <b>13b</b> | % |
| <b>13a</b>                                                                                                                                                      | %                                                                                                                                                                                                                                                                                                            |            |   |            |   |
| <b>13b</b>                                                                                                                                                      | %                                                                                                                                                                                                                                                                                                            |            |   |            |   |
| <b>b</b> An outside facility                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
| Name ► .....                                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
| Address ► .....                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |            |   |            |   |

|                                                                                                                                         |           |                |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------|
| <b>7</b> Other expenses (see instructions)                                                                                              | <b>7</b>  |                |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                    | <b>8</b>  |                |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                 |           | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>  |                |                                |
| <b>a</b> Average monthly value of securities                                                                                            | <b>1a</b> |                |                                |
| <b>b</b> Average monthly cash balances                                                                                                  | <b>1b</b> |                |                                |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                               | <b>1c</b> |                |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                               | <b>1d</b> |                |                                |
| <b>e Discount</b> claimed for blockage or other factors<br>(explain in detail in Part VI)                                               |           |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                   | <b>2</b>  |                |                                |
| <b>3</b> Subtract line 2 from line 1d                                                                                                   | <b>3</b>  |                |                                |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>  |                |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | <b>5</b>  |                |                                |
| <b>6</b> Multiply line 5 by .035                                                                                                        | <b>6</b>  |                |                                |
| <b>7</b> Recoveries of prior-year distributions                                                                                         | <b>7</b>  |                |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                    | <b>8</b>  |                |                                |
| <b>Section C - Distributable Amount</b>                                                                                                 |           |                | Current Year                   |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                          | <b>1</b>  |                |                                |
| <b>2</b> Enter 85% of line 1                                                                                                            | <b>2</b>  |                |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                         | <b>3</b>  |                |                                |
| <b>4</b> Enter greater of line 2 or line 3                                                                                              | <b>4</b>  |                |                                |
| <b>5</b> Income tax imposed in prior year                                                                                               | <b>5</b>  |                |                                |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
FOUNDATION FOR LOVEJOY SCHOOLS

Employer identification number  
81-0625033

Part I

General Information on Grants and Assistance

- 1

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 criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government        | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) LOVEJOY ISD<br>259 COUNTRY CLUB RD<br>ALLEN, TX 75002 | 75-1615257 |                                 | 30,000                   | 0                                 |                                                       |                                       | LEARNING AT LOVEJOY                |
| (2) LOVEJOY ISD<br>259 COUNTRY CLUB RD<br>ALLEN, TX 75002 | 75-1615257 |                                 | 476,480                  | 0                                 |                                                       |                                       | EDUCATION                          |

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

2
- 3

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

0

**Part III** **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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference                                | Explanation                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grantmaker's Description of How Grants are Used | LOVEJOY ISD TEACHERS SUBMIT GRANT REQUESTS TO THE SCHOOL DISTRICT COMMITTEE THE LISD COMMITTEE REVIEWS THE REQUEST AND SUBMITS ITS RECOMMENDATION FOR GRANTS TO THE FOUNDATION'S BOARD THE FOUNDATION'S BOARD MEETS AND AWARDS THE GRANTS THE FOUNDATION KEEPS RECORD OF THE ENTIRE GRANT PROCESS |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
FOUNDATION FOR LOVEJOY SCHOOLS

Employer identification number  
81-0625033

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) CINDY BOOKER              | LISD LEASED EMPLOYEE                                            | 55,046                    | LEASED EMPLOYEE                |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOUNDATION FOR LOVEJOY SCHOOLS

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

81-0625033

**990 Schedule O, Supplemental Information**

| Return Reference                                    | Explanation                                                  |
|-----------------------------------------------------|--------------------------------------------------------------|
| Form 990, Part VI, Line 11b Form 990 Review Process | RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                     | Explanation                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c<br>Explanation<br>of Monitoring<br>and<br>Enforcement<br>of Conflicts | BOARD REVIEWS ALL BUSINESS TRANSACTIONS AND APPROVES THEM IF ANY BOARD MEMBER HAS A CONFL<br>ICT OF INTEREST IT IS ADDRESSED AND APPROPRIATE ACTION IS TAKEN |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                                    | Explanation                      |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Form 990,<br>Part VI, Line<br>18<br>Explanation<br>of Other<br>Means<br>Forms<br>Available For<br>Public<br>Inspection | DOCUMENTS AVAILABLE UPON REQUEST |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                          | Explanation                      |
|----------------------------------------------------------------------------------------------|----------------------------------|
| Form 990,<br>Part VI, Line<br>19 Other<br>Organization<br>Documents<br>Publicly<br>Available | DOCUMENTS AVAILABLE UPON REQUEST |