DLN: 93493155009829 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable PURE INC ☐ Address change 27-4586127 ☐ Name change Doing business as ☐ Initial return PURE CHARITY ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 210 N WALTON BLVD SUITE 27 ☐ Amended return □ Application pending (855) 855-9594 City or town, state or province, country, and ZIP or foreign postal code BENTONVILLE, AR  $\,$  72712 G Gross receipts \$ 28,520,879 Name and address of principal officer H(a) Is this a group return for KRISTIN BUSE □Yes ☑No subordinates? 210 N WALTON BLVD SUITE 27 H(b) Are all subordinates BENTONVILLE, AR 72712 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ PURECHARITY COM L Year of formation 2011 M State of legal domicile AR Summary 1 Briefly describe the organization's mission or most significant activities PURE CHARITY BUILDS WORLD-CLASS TECHNOLOGY SOLUTIONS FOR NONPROFITS AND THEIR COMMUNITIES TO INCREASE DONOR ADVOCACY INITIATIVES AND FUNDRAISING RESULTS, WHILE REDUCING TECHNOLOGY AND OPERATIONAL COSTS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 28,397,407 28,511,282 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 9,597 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,397,407 28,520,879 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 25,943,853 27,997,933 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,608,155 1,587,626 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 27,552,008 29,585,559 19 Revenue less expenses Subtract line 18 from line 12 . 845,399 -1,064,680 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 6,095,597 5,162,228 349,622 21 Total liabilities (Part X, line 26) . 218,511 22 Net assets or fund balances Subtract line 21 from line 20 . 4,812,606 5,877,086 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-16 Signature of officer Sign Here KRISTIN BUSE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-05-16 P01469028 Paid self-employed Firm's name ► PRZYBYSZ & ASSOCIATES CPAS PC Firm's EIN ▶ 20-2759879 Preparer Use Only Firm's address ► 2403 SE COTTONWOOD ST Phone no (479) 649-0888 BENTONVILLE, AR 727124187 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (2018)				Page 2
Pa	nt III Statement of Program Service	e Accomplishments	3		
	Check if Schedule O contains a resp	onse or note to any line i	n this Part III		🗹
	Briefly describe the organization's mission				
P	EINC HELPS GROW A CULTURE OF GENEROS ROVIDING AIDE, AWARENESS AND SUPPORT AGE AND MAKE A DIFFERENCE	SITY THROUGHT HIGH VO , PURE INC , MOBILIZES	DLUME PEER-TO- PE PEOPLE AND RESOL	ER FUNDRAIZING AND CROWD JRCES TO MAKE AN IMPACT W	-FUNDING SOLUTIONS HERE EVERYONE CAN
	Did the organization undertake any significa	ant program services dur	ing the year which w	vere not listed on	
	the prior Form 990 or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe these new services on Sci	nedule O			
	Did the organization cease conducting, or n	nake significant changes	in how it conducts, a	any program	
	services?				☐ Yes ☑ No
•	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization expenses, and revenue, if any, for each program services are services as a service services are services.	ons are required to repor			
a	(Code ) (Expenses \$	ıncluding	g grants of \$	) (Revenue \$	)
	See Additional Data				
ь	(Code ) (Expenses \$	ıncludınç	g grants of \$	) (Revenue \$	)
·c	(Code ) (Expenses \$	ıncludınç	g grants of \$	) (Revenue \$	)
	(Code ) (Expenses \$ PURE CHARITY GIFT & GRANTS VARIOUS GRANT		g grants of \$ THE AREAS OF FOOD, I	27,997,933 ) (Revenue \$ FREEDOM, HEALTH, OPPORTUNITY,	) WATER, AND RELIEF
d	Other program services (Describe in Sched (Expenses \$ 29,458,804 inc	ule O) luding grants of \$	27,997,933 )	(Revenue \$	)
e	Total program service expenses ▶	29,458,804	• •		-

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Pa	tIV Checklist of Required Schedules			
	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes." complete Schedule D. Parts XI and XII	12a		No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

No

Nο

Form **990** (2018)

12b

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14a

14b

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20a

20b

21

Yes

If "Yes," complete Schedule D, Parts XI and XII 🕏 🔒

15

16

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21

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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Par	Checklist of Required Schedules (continued)		-	
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

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

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

0

0

1c

1a

1b

20

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								
Sectio	n A. Governing Body and Management								
							Yes	No	
1a Ente	er the number of voting members of the governing body at the end of the tax year	1a			3				
	ere are material differences in voting rights among members of the governing y, or if the governing body delegated broad authority to an executive committee or								

1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2	No	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p			3	No	
4	Did the organization make any significant changes to its governing documents since the	prior F	form 990 was filed?	4	No	•

10a	Did the organization have local chapters, branches, or affiliates?			10a		No	
					Yes	No	
Se	ection B. Policies (This Section B requests information about policies not requ	ired E	y the Internal Revenu	e Cod	e.)		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>			9		No	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
а	The governing body?			8a	Yes		
8	Did the organization contemporaneously document the meetings held or written actions the following $% \left\{ 1,2,\ldots,n\right\}$	under	taken during the year by				
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?			<b>7</b> b		No	
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			7a		No	
6	Did the organization have members or stockholders?						
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıo	n's assets? .	5		No	
4	Did the organization make any significant changes to its governing documents since the	prior I	Form 990 was filed? .	4		No	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other i			3		No	
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3				
	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						
14	the full ber of voting members of the governing body at the end of the tax year	1a	3				

	1	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?	relat	ionship wi	th any other	2		No
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other per	ect supervision	3		No		
4	Did the organization make any significant changes to its governing documents since the pri	or Fo	orm 990 w	as filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organiz	zation	's assets?		5		No
6	Did the organization have members or stockholders?				6		No
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) me persons other than the governing body?	<b>7</b> b		No			
8	Did the organization contemporaneously document the meetings held or written actions unthe following $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$	nderta	aken durin	g the year by			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?				8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		No
Se	ction B. Policies (This Section B requests information about policies not require	ed by	the Inte	ernal Revenue	e Code	e.)	
		•				Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a	Yes	No No
10a			 ch chapte			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	poses	ch chapter	· · · rs, affiliates,	10a	Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	poses erning	ch chapters? body befo	· · · rs, affiliates,	10a 10b		
10a b 11a	Did the organization have local chapters, branches, or affiliates?	poses erning • • 90	ch chapter	rs, affiliates, ore filing the	10a 10b		
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	poses erning • • 90	ch chapter 7 g body bef	rs, affiliates, ore filing the · · ·	10a 10b	Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	poses erning 90 rests	ch chapter ? g body before 	rs, affiliates, ore filing the · · · · · · · give rise to	10a 10b 11a	Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	poses erning 90 rests	ch chapter ? g body before 	rs, affiliates, ore filing the · · · · · · · give rise to	10a 10b 11a 12a 12b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	poses erning 90 rests olicy?	ch chapter?  body before  that could  If "Yes," of	rs, affiliates, ore filing the · · · · · · · give rise to	10a 10b 11a 12a 12b	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt purp. Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 bid the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually intereconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the poschedule O how this was done  Did the organization have a written whistleblower policy?	poses erning 90 rests olicy?	ch chapter cha	rs, affiliates, ore filing the	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt purp. Has the organization provided a complete copy of this Form 990 to all members of its gove form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 bid the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually intereconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the poschedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and	poses erning 90 rests olicy?	ch chapter cha	rs, affiliates, ore filing the	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		No					
b	Other officers or key employees of the organization	15b		No					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶  AR								
	MR								

_se	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	e coae	:.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	'	'	
17	List the States with which a copy of this Form 990 is required to be filed▶  AR			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
13	policy, and financial statements available to the public during the tax year			

С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
<b>.</b>	ction C. Disclosure	100		
<u> </u>				
7	List the States with which a copy of this Form 990 is required to be filed ► AR			
8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website  Upon request  Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
ס	State the name, address, and telephone number of the person who possesses the organization's books and records ▶KRISTIN COPHER 210 N WALTON BLVD SUITE 27 BENTONVILLE, AR 72712 (855) 855-9594			
		F	orm <b>99</b>	<b>0</b> (2018)

(F)

Estimated

amount of other

compensation

Form 990 (	(2018)	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check If Schedule O contains a response or note to any line in this Part VII	
Section	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
year ● List al	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount sation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	tax
<ul><li>List all</li></ul>	of the organization's current key employees, if any See instructions for definition of "key employee "	
who receive	e organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) red reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the on and any related organizations	
<ul><li>List all</li></ul>	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000	

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(C)

Position (do not check more

than one box, unless person

is both an officer and a

(D)

Reportable

compensation

from the

(E)

Reportable

compensation

from related

(B)

Average

hours per

week (list

(A)

Name and Title

any hours director/trustee) organizations from the organization for related (W- 2/1099-(W-2/1099organization and Individual trustee or director Highest compensated employee organizations MISC) MISC) Institutional Trustee related below dotted organizations line) 20 00 (1) KRISTIN BUSE Χ **PRESIDENT** 5 00 (2) RICK BREKELBAUM Χ 0 TREASURER 1 00 (3) ADAM COLEMAN Х 0 SECRETARY Form 990 (2018)

Form 990 (2	2018)										Page <b>8</b>
Part VII	Section A. Officers, Direct	ors, Trustees	s, Key I	Empl	loye	es,	and F	ligh	nest Compensate	d Employees (col	ntınued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι in of	t che inles ficer	eck moss pers and a ee)	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
	_										

1b	Sub-Total .														<b>&gt;</b>		
С	Total from co	ontii	nuat	tion	shee	ets	to	Part	:VII,	Se	ctio	n A			•		
d	Total (add li	ıes	1b a	and	1c)										▶		
																no received more that	

c ·	Sub-Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
_				

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule 1 for such person			

	line la/ Ir Yes," complete Schedule J for such Individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			· · · · · · · · · · · · · · · · · · ·
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	npensa	ition	

from the organization Report compensation for the calendar year ending with or within the organization's tax year

(C) Compensation (B) Name and business address Description of services ADMINISTRATIVE

1 PURE CHARITY PARTNERS LLC 1,217,424 210 N WALTON BLVD SUITE 27 BENTONVILLE, AR 72712

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 ▶ 1 Form **990** (2018)

	VIII Statement of Revenue					rage <b>3</b>
	Check if Schedule O contains a	response or note to	any line in this Part VIII			🗆
			( <b>A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a		revenue		312 314
nts ints	<b>b</b> Membership dues	1b	_			
Gra not	c Fundraising events	1c	<del></del>			
ß, (	d Related organizations	1d	_			
Giff Ilar	e Government grants (contributions)	1e	_			
S. E	<b>f</b> All other contributions, gifts, grants,		_			
is S S	and similar amounts not included above	<b>1f</b> 28,511,28	82			
혈粪	g Noncash contributions included					
a tr	ın lınes 1a - 1f \$					
<u>ۃ ک</u>	h Total. Add lines 1a-1f	•	28,511,282			
Пе		Busir	ness Code			
٧e	2a 					
2 <u>₹</u>	b ————————————————————————————————————	_				
Other Revenue Program Service Revenue and Other Similar Amounts	с —					
	d ————————————————————————————————————	_				
ran	<b>e f</b> All other program service revenue					
Yog	<b>9Total.</b> Add lines 2a-2f	. •				
_	3 Investment income (including divide		ner T			<del>                                     </del>
	sımılar amounts)		9,59	9,59	7	
	4 Income from investment of tax-exen		<b>•</b>			
	<b>5</b> Royalties	(II) Persona	<b> </b>			
	6a Gross rents	(II) Persona	"			
	<b>b</b> Less rental expenses					
	c Rental income or		<del> </del>			
	(loss)  d Net rental income or (loss)					
	(i) Securities		<b>&gt;</b>			
	<b>7a</b> Gross amount	(II) Oction				
	from sales of assets other					
	than inventory					
	<b>b</b> Less cost or other basis and					
	sales expenses  C Gain or (loss)					
	d Net gain or (loss)		<u> </u>			
	8a Gross income from fundraising ever					
ıne	(not including \$ of contributions reported on line 1c)	T				
₹ N	See Part IV, line 18	a				
æ	<b>b</b> Less direct expenses	b				
her	c Net income or (loss) from fundraisii  9a Gross income from gaming activitie		<u> </u>			
ō	See Part IV, line 19	•				
		a				
	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from gaming a	b	 •			
	10aGross sales of inventory, less		_			
	returns and allowances					
	<b>b</b> Less cost of goods sold	a b				
	<b>c</b> Net income or (loss) from sales of ii		 ▶			
	Miscellaneous Revenue	Business Cod	de			
	11a					
				1		
	b					
	с					
	d All other revenue					
	e Total. Add lines 11a-11d	•	<b>&gt;</b>			
	12 Total revenue. See Instructions					
		<b>!</b>	28,520,87	9,59	7	Form <b>990</b> (2018)

orr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	27,997,933	27,997,933	2 .	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management	120,000	108,000	12,000	
ŀ	Legal				
	Accounting				
(	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,466,201	1,351,446	114,755	
12	Advertising and promotion				
13	Office expenses				
	Information technology				
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a RECONCILIATION DISCREP	1,425	1,425		
	b c				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	29,585,559	29,458,804	126,755	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	25,505,555	27,430,004	120,733	0
	educational campaign and fundraising solicitation  Check here  if following SOP 98-2 (ASC 958-720)				
	CHECK HEIE F LI II JUIJOWING SOF 30-2 (ASC 930-720)				Form <b>990</b> (2018)

	Dog.iiiiig or your		Lina or your
1 Cash-non-interest-bearing	2,769,930	1	948,196
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net	10,000	3	10,000
4 Accounts receivable, net	1,212	4	478,159
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . 8 Inventories for sale or use . 32,500 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 . 3.281.955 13 3.281.955 13

- Investments-program-related See Part IV, line 11 Intangible assets . . . . . Other assets See Part IV, line 11 . Total assets.Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses
- 14 15 16

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and

14

15

16

17

18

19

20

21

22 23

24 25

26

27

28

29

30

31 32

33

34

6.095.597

154,249

64.262

218.511

3.912.467

1.964.619

5,877,086

6,095,597

443.918

5.162.228 317.860

31.762

349.622

4.812.606

4,812,606

5,162,228

Form **990** (2018)

Assets or 30

Net

31

32

33

34

18

19

20

21

23

24

Liabilities 22 Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Form 990 (2018)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Software ID: Software Version:

PURE CHARITY GIFT & GRANTS VARIOUS GRANTS TO SUPPORT PROJECTS IN THE AREAS OF FOOD, FREEDOM, HEALTH, OPPORTUNITY, WATER, AND RELIEF

**EIN:** 27-4586127

Name: PURE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

	90EZ)			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.					
Department of the			► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection	
Name of the PURE INC		on					Employer identific	cation number	
Part I	Peason fo	r Public C	harity Stat	<b>us</b> (All organization	e must comple	ite this part 19	27-4586127		
				e it is (For lines 1 thro			bee mistractions.		
1	church, cor	nvention of c	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).		
2	school desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )			
3	hospital or	a cooperativ	e hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).		
	medical res ame, city, a		ızatıon operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	inter the hospital's	
		on operated		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in <b>section 170</b>	
•	,, ,, ,,		,	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).		
			nally receives vi). (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in	
8	community	trust descri	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)			
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a	
fr in	om activitie ivestment ir	s related to ncome and u	its exempt fur nrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross	
	•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).		
⊔ m	ore publicly	supported (	organizations :	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(		
a	<b>ype I.</b> A su rganization(	pporting org s) the powe	anızatıon oper	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
b П т	<b>ype II.</b> A si nanagement	upporting or of the supp	ganization sup	ervised or controlled i ation vested in the sar					
				supporting organizatio				ated with, its	
d T	ype III no inctionally i	<b>n-functiona</b> ntegrated T	i <b>lly integrate</b> he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi	th its supported orga		
<b>e</b> 🗌 C	heck this bo	x if the orga	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally	
_	-	• •	n-functionally organizations	integrated supporting	organization		_		
			n about the su	upported organization( (iii) Type of			(v) Amount of	(-i) A	
	i) Name of supported organization				` '	(iv) Is the organization listed in your governing document?		(vi) Amount of other support (see instructions)	
					Yes	No			
		T							
otal									
	rk Reductio	on Act Noti	ce, see the I	nstructions for	Cat No 1128!	5F :	Schedule A (Form 9	90 or 990-EZ) 2018	

▶□

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (d) 2017 (a) 2014 **(b)** 2015 (c) 2016 (e) 2018 (f) Total (or fiscal year beginning in) ▶

1	membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
5	<b>Public support.</b> Subtract line 5 from line 4						
9	Section B. Total Support			•	,	1	•
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets						

Total support. Add lines 7 through

supported organization

14 15 ightharpoonupand stop here. The organization qualifies as a publicly supported organization

11 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

20

Р	art III Support Schedule f						
	(Complete only if you						er Part II. If
	the organization fails ection A. Public Support	to quality under	the tests listed	below, please co	implete Part II.)		
	Calendar year	(-) 2014	(b) 201E	(a) 2016	(4) 2017	(a) 2019	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,716,234	18,557,340	24,717,697	28,397,407	28,511,282	106,899,960
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in any activity that is related to the					9,597	9,597
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	6,716,234	18,557,340	24,717,697	28,397,407	28,520,879	106,909,557
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the						
	greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
8 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						
	from line 6 )						106,909,557
Se	ection B. Total Support	1 1	T	Г	Г	T	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	6,716,234	18,557,340	24,717,697	28,397,407	28,520,879	106,909,557
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	231	1,203				1,434
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						
_	1975 Add lines 10a and 10b	231	1,203				1,434
11	Net income from unrelated business activities not included in line 10b, whether or not the	231	1,203				1,737
12	or loss from the sale of capital						
13	assets (Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,	6,716,465	18,558,543	24,717,697	28,397,407	28,520,879	106,910,991
	11, and 12) First five years. If the Form 990 is	, ,	, ,	, ,	, ,	, ,	
14	check this box and <b>stop here</b>			nira, fourth, or fifti	n tax year as a sec	ction SUI(C)(3) or	panization,  ▶ □
	ection C. Computation of Publi			(6)			
15	Public support percentage for 2018 (		· ·	column (f))		15	100 000 %
16	Public support percentage from 2017					16	100 000 %
17	ection D. Computation of Investment income percentage for 2			line 13. column (f	))	17	0 %
	Investment income percentage from			==, ==.a (1,	,,	18	0 %
10	_			on line 14 and lin	. 4 5		
18 19a	331/3% support tests—2018. If th	ie organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/370, and inte	: 17 15 1100

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

ightharpoons

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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 )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
	cupper unity or gamma units (community)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		$\vdash$	
u	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations	110		
	ection b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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		$\sqcup$	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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)	1		
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j		
		1	$\vdash$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	c	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash$	
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26		

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 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 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014. . . . . .

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

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

d Excess from 2017. e Excess from 2018.

#### **Additional Data**

# Software ID:

Software Version: EIN: 27-4586127

Name: PURE INC

Schedule A (Form 990 or 990-EZ) 2018

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990,

Open to Public

DLN: 93493155009829 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

1

2

5

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** PURE INC 27-4586127 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 3,281,955 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, F	Histori	cal T	reası	ures, or	Other	Similar A	ssets	(continued)	
3	_	the organization's acq (check all that apply)	uisition, accessior	n, and other	records,	check :	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition				d		Loan	or excha	inge prog	ırams			
b		Scholarly research				е		Othe	er					
С		Preservation for future	generations											
4	Provide Part	de a description of the KIII	organızatıon's col	ections and	explain	how the	ey furtl	ner th	e organız	ation's ex	kempt purp	ose in		
5		g the year, did the orga s to be sold to raise fur									ular	□ Y	es 🗆 No	
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			on For	m 990	, Part	IV, I	ıne 9, or	reporte	ed an amo			ırt
1a		e organization an agent ded on Form 990, Part )		an or other (	ntermed	liary for	contri	butior	ns or othe	r assets	not	□ <b>Y</b>	es 🗌 No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fo	llowing	table		[		,	Amount		
c	Begin	ning balance								1c				
d	Addıt	ions during the year							[	1d				
е	Dıstrı	butions during the year	-						[	1e				
f	Endın	ig balance								1f				
<b>2</b> a	Dıd th	ne organization include	an amount on Fo	rm 990, Parl	t X, line	21, for	escrow	or cu	ustodial a	ccount lia	ability?	. 🗆 у	es 🗆 No	
b	If "Ye	s," explain the arrange	ment in Part XIII	Check here	if the e	xplanatı	on has	been	provided	l in Part )	XIII	. 🗆		
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organı	zation a	answer	ed "Y	es" o						
				(a)Current	year	<b>(b)</b> P	rıor yea	r	(c)Two ye	ars back	(d)Three ye	ears back	(e)Four years b	ack_
	-	ing of year balance .												
		outions						_						
		estment earnings, gair						_						
		or scholarships												
е		expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated percei	ntage of the curre	nt year end	balance	(line 1	g, colu	mn (a	i)) held as	5				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	anent endowment 🕨												
С	Temp	orarily restricted endov	wment 🟲											
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	%									
3а	organ	here endowment funds nization by		sion of the c	organizat	ion that	t are h	eld ar	nd admini	stered fo	r the	F=		lo
		nrelated organizations					•						a(i) a(ii)	
b		elated organizations . es" on 3a(ii), are the rel		e listed as re	equired	on Sche	 Idule R	?				-	3b	
4		ribe in Part XIII the inte	<del>-</del>		•			•	•		• •			—
Pa	rt VI	Land, Buildings,												
		Complete if the or			on For	m 990	, Part	IV, I				art X, lı	ne 10.	
	Descri	ption of property	(a) Cost or oth (Investme		(b) Cost	or other	basis (	other)	(c) Accı	umulated o	lepreciation		(d) Book value	
1a	Land													
b	Buildin	gs							1					
		old improvements							1					
		nent							1					
									1					
		lines 1a through 1e (Co	olumn (d) must e	gual Form 99	90, Part	X, colur	nn (B)	, line	10(c)) .		<b>&gt;</b>			

Schedule D (	Form 990) 2018  Investments—Other Securities. Complete if	the organiz	ation answ	ered "Ves" on For	m 990 Part IV line 11h	Page <b>3</b>
rait VIII	See Form 990, Part X, line 12.	the organiz				
	(a) Description of security or category (including name of security)		(b) Book value	Cost or e	Method of valuation nd-of-year market value	
	l derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )		•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' or	n Form 990,	Part IV, lır	ne 11c. See Form 9	990, Part X, line 13.	
	(a) Description of investment	<b>(b)</b> Book		(c)	Method of valuation nd-of-year market value	
	ADVISED FUNDS		3,281,955		C	
(3)						
(4)						
(5)						
(6)						
(8)						
(9)	(1)					
Part IX	of ther Assets. Complete if the organization answer	 red 'Yes' on Fo	3,281,955 orm 990, Par	t IV, line 11d See F	orm 990, Part X, line 15	
(1)	(a) Descript	ion			(b) Book va	alue
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )					
Part X	<b>Other Liabilities.</b> Complete if the organization See Form 990, Part X, line 25.					
1.	(a) Description of liability		<b>(b)</b> Bo	ook value		
(1) Federal (	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>				
<b>2.</b> Liability fo	or uncertain tax positions In Part XIII, provide the text	t of the footno		='		
organization	's liability for uncertain tax positions under FIN 48 (ASC	C 740) Check	nere if the	text of the footnote h	nas been provided in Part XII	II 🗀

1

Page 4

2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on ir	nvestments	2a		
b	Donated services and use of facilit	ties	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII ) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, P	Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII ) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari	•	per Return.	
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII ) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII ) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18	)	5	
Pai	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			art X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493155009829 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the **Inspection** ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number PURE INC 27-4586127 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Fo	rm 990) 2018					Page <b>2</b>
	rants and Other Assistance to art III can be duplicated if additio			anızatıon answered "Yes"	on Form 990, Part IV, line 22	
<b>(a)</b> Ty	pe 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	<b>on.</b> Provide the in	nformation required in	Part I, line 2; Part III	, column (b); and any other	additional information.

# Explanation Schedule I (Form 990) 2018

## **Additional Data**

2ND MILK

40THERS

446 ANGEL FALLS LN SPRINGDALE, AR 72762

937 MINNESOTA AVE SAN JOSE, CA 95125

Software ID: **Software Version:** 

80-0311694

94-1703979

**EIN:** 27-4586127 Name: PURE INC

6,626

19,549

Form 990. Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Gov

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	1
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	ı

	an, eranice and	T CITCL PRODUCTION OF	o pomicome organiza		
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuat
organization		ıf applıcable	grant	cash	(book, FMV, apprais

vernments.	

nments.		
od of valuation 4V, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

**VARIOUS** 

VARIOUS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-1298485 138.763 VARIOUS 99 BALLOONS PO BOX 10934 FAYETTEVILLE, AR 72703

AAC ADOPTIONS & FAMILY 84-1247798 18.235 VARIOUS NETWORK INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

735 EAST HIGHWAY 56 BERTHOUND, CO 80513

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ABBA'S PRIDE 46-3553733 57,408 VARIOUS 2504 SWAYING LIMB COURT VIRGINIA BEACH, VA 23456

VARIOUS

15,068

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

83-2191014

ABIDE COLLECTIVE 2828 N CROSSOVER ROAD FAYETTEVILLE, AR 72703

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-1966036 4.964.156 VARIOUS ADOPTTOGETHER 251 W CENTRAL AVE 278 SPRINGBORO, OH 45066 AFRICA NEW LIFE MINISTRIES 48-1291935 82.501 VARIOUS

7405 SW TECH CTR DR STE 144

PORTLAND, OR 97223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 54-2164328 14,192 VARIOUS AFRICAN LEADERSHIP DEVELOPMENT 6159 APPLEWOOD RIDGE CIRCLE COLORADO SPRINGS, CO 80918

VARIOUS

18,993

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ADVANCING HIS KINGDOM

INTERNATIONAL
3 ADOBE GROVE
SAN ANTONIO, TX 78239

27-0317132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance AIM4INDIA 27-3674829 48.766 VARIOUS PO BOX 834 31-1660877 197.302 VARIOUS

CELINA, TX 75009 ALARM (AFRICAN LEADERSHIP AND RECON 14140 MIDWAY ROAD SUITE 208

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DALLAS, TX 75244

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 93-1052909 22.268 VARIOUS ALL GOD'S CHILDREN INTERNATIONAL

1400 NE 136TH AVE SUITE 201 VANCOUVER, WA 98684				
AMAZING GRACE ADOPTIONS	56-2137409	10,032		VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RALEIGH, NC 27615

9203 BAILEYWICK ROAD SUITE 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 54-1720006 14.393 VARIOUS AMERICA WORLDONE ORPHAN 6723 WHITTIE AVE SUITE 202

VARIOUS

11.837

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MCLEAN, VA 22101

APEX COMMUNITY CHURCH

5200 FAR HILLS AVE KETTERING, OH 45429 30-0018763

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ARTSE GLOBAL 46-5020575 22,220 VARIOUS

2705 JANET CT PEARLAND, TX 77581

ARK OF THE RAINBOW 46-1853922 24,960 VARIOUS 7306 CASA LOMA AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DALLAS, TX 75214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 71-0665473 12.617 VARIOUS ARKANSAS SUPPORT

NETWORK 6836 ISAACS ORCHARD RD SPRINGDALE, AR 72762				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6608 BRYANT IRVIN ROAD FORT WORTH, TX 76132

45-3144998 7.643 VARIOUS B LOVED FOUNDATION INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-2345711 102.437 VARIOUS BEAUTIFUL FEET PO BOX 61215 FT MYERS, FL 33906 BEAUTY FOR ASHES UGANDA 46-4454004 17.730 VARIOUS 3210 BUNKER HILL DRIVE

COLORADO SPRINGS, CO

80920

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-2235344 86.515 VARIOUS BEST FAMILY MINISTRIES 1099 RIVIERA DRIVE CALERA, AL 35040 BETHANY CHRISTIAN 38-1405282 52.216 VARIOUS SERVICES (HOME OF 901 EASTERN AVE NE

GRAND RAPIDS, MI 49501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 22-3864652 41.686 VARIOUS BETHESDA CHURCHNW 5411 E MILL PLAIN BLVD SUITE 1

5411 E MILL PLAIN BLVD
SUITE 1
VANCOUVER, WA 98661

BREATH OF LIFE HAITI 47-2032656

VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1792

WARSAW, IN 465811792

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance US NASHVILLE, IN 3/202

BRENT GAMBRELL MINISTRIES P O BOX 24347	62-1568490	151,211		VARIOUS

12.674

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BUILD IN GUATE INC.

COLLEGE PARK, GA 30337

P O BOX 87458

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-1305235 56.560 VARIOUS CANOPY NWA 2925 OLD MISSOURI ROAD FAYETTEVILLE, AR 72703 CARIBBEAN BAPTIST MISSION 75-2528179 6.799 VARIOUS

SOCIETY

8045 JOHN HENRY DRIVE BURLESON, TX 76028

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance RIOUS

13,253

CARING FOR KORAH	47-1423861	14,197		VARI
6905 TERRY LANE				1
RICHMOND, TX 77406				ı
•				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

84-1208720

CCAI

6920 SOUTH HOLLY CIRCLE CENTENNIAL, CO 80112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0000001 68.995 VARIOUS CHANJE MOVEMENT PO BOX 80222 RANCHO SANTA MARGARITA. CA 92688

11.323

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

38-3941186

CHILD BEYOND

INTERNATIONAL 305 9TH STREET HOOD RIVER, OR 97031

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 75-2164325 10.860 VARIOUS CHILDREN'S CONNECTIONS INC 2514 82ND STREET SUITE G LUBBOCK, TX 79423 CHILDRENS HOUSE 94-2643021 15.295 VARIOUS

INTERNATIONAL PO BOX 1829 FERNDALE, WA 98248

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-4644590 37,200 VARIOUS NEWMARKET, NH 03857

CHILD VOICE INTERNATIONAL 202 KENT PLACE

181,608

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHRIST'S GIFT ACADEMY

636-G LONG POINT RD 38 MT PLEASANT, SC 29464

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-4115584 22.141 VARIOUS CHRIST CHURCH OF SAN ANTONIO 9330 CORPORATE DRIVE SUITE 411 SELMA, TX 78154

58,969

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHRISTIAN LIFE CENTER

3489 LITTLE YORK RD DAYTON, OH 45414

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CARY, NC 27518

CLOTHED IN HOPE 314 BONNIEWOOD DRIVE	27-5054201	5,539		VARIOUS

8,534

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COINS AND OUILTS 4 LIFE

273 OCOTILLO DRIVE EL CENTRO, CA 92243

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-3324950 33.629 VARIOUS COUNT ME IN 1301 NUECES COURT BENBROOK, TX 76126

1301 NUECES COURT
BENBROOK, TX 76126

CREATIVE LIFE FOUNDATION 82-2926467
250 NORTHERN AVENUE SUITE
400

VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOSTON, MA 02210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 71-0496820 70.438 VARIOUS CROSS CHURCH 1709 JOHNSON ROAD SPRINGDALE, AR 72762

10.921.150

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPRINGDALE, AR 72762
E3 PARTNERS
2001 W PLANO PKWY SUITE
2600

PLANO, TX 75075

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 90-0431376 8,997 VARIOUS EDUCATING AFRICA'S CHILDREN INC

2633 N WILTON AVENUE UNIT 1 CHICAGO, IL 60614				
EKISA MINISTRIES	27-2920910	7,168		VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INTERNATIONAL INC 11901 HARDWICK DR

FISHERS, IN 46038

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 82-4097241 17.129 VARIOUS FLIZABETH'S VOICE 214 SOUTHVIEW DRIVE WEATHERFORD, TX 76087

18,257

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EPOCH DREAM CENTER

P O BOX 218 HEBRON, MD 21830

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FEEDTEACHHOPE 47-3515448 23.924 VARIOUS 6315-B FM 1488 RD 246 71-0605274 10.080 VARIOUS

MAGNOLIA, TX 77354 FELLOWSHIP BIBLE CHURCH OF NW ARKAN 1051 W PLEASANT GROVE

ROAD

ROGERS, AR 72758

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance FIGHT TO THRIVE 47-4486672 8.910 VARIOUS 6728 VALYNN DR HERRIMAN, UT 84096

12,680

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLOURISH KENYA

P O BOX 193 DENVER, NC 28037

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance FOR FREEDOM 81-1292140 19.594 VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELES, CA 900260176

INTERNATIONAL 3417 IVY DRIVE GRAND FORKS, ND 58201				
FOURSQUARE MISSIONS INTERNATIONAL 1910 W SUNSET BLVD SUITE 700	95-1684062	35,377		VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 30-1000458 7.482l VARIOUS FREEDOM HOUSE HAITI 2613 CROSS CREEK DRIVE MARYVILLE, TN 37803 GIVE A GOAT 41-4326846 60,153 VARIOUS

9911 SHELBYVILLE RD LOUISVILLE, KY 40223

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GLADNEY CENTER FOR 75-0917409 8,969 VARIOUS ADOPTION (HOME O

6300 JOHN RYAN DRIVE FORT WORTH, TX 761324122				
GRACE CHURCH OF NORTHWEST ARKANSAS 2828 NORTH CROSSOVER ROAD	71-0826424	97,472		VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FAYETTEVILLE, AR 72703

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-3290754 74.366 VARIOUS GRACE SO AMAZING MINISTRIES 54-1547367 22.829 VARIOUS

104 TAMARA CIRCLE FRANKLIN.TN 37069 HABITAT FOR HUMANITY OF N VIRGINIA

6295 EDSALL ROAD SUITE 120 ALEXANDRIA, VA 22312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-2556383 65.000 VARIOUS

HABITAT FOR HUMANITY TX P O BOX 850 BUDA, TX 78610

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

46-1115810 36,262 VARIOUS

HAITI GOSPEL FUND PO BOX 1315

FOUNTAIN INN, SC 29644

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-5161116 25.000 VARIOUS HAITIAN AMERICAN CAUCUS US INC 495 FLATBUSH AVENUE 32 BROOKLYN, NY 11225 20-4555598 27.384 VARIOUS HAPPY HOME FOR THE HANDICAPPED

P O BOX 484

LAKE OSWEGO, OR 97034

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3172889 7.624 VARIOUS HARBOR OF HOPE 51 MIDDLESEX STREET SUITE 20-0368851 502.508 VARIOUS

101 CHELMSFORD, MA 01827 HEAR THE CRY 10500 SW NIMBUS AVE BLDG

PORTLAND, OR 97223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-3618295 1,374,523 VARIOUS HELP ONE NOW PO BOX 26716

12,208

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RALEIGH, NC 27611 HIS HANDS ON AFRICA

5321 MOONSHADOW STREET SIMI VALLEY, CA 93063

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-1744595 50.931 VARIOUS HIS WATER INTERNATIONAL 208 FILMORE STREET MULVANE, KS 67110 HOLT INTERNATIONAL 23-7257390 10.616 VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHILDREN'S SERVI PO BOX 2880 EUGENE, OR 97402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance HOLY SPIRIT EPISCOPAL 74-1732165 12 217 VARIOUS

HOLI SI IKII LI ISCOI AL	74 1/32103	12,21		VAILEOU
CHURCH				İ
1624 WOODED ACRES DRIVE				
WACO, TX 76710				

21.912

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOPE REMEMBERED

P O BOX 5 FOSTERS, AL 35463

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-4235696 147.239 VARIOUS HOPE SPEAKS 375 HAWTHORNE STREET GLEN ELLYN, IL 60137 INNERCITY SPORTS 93-1311456 9,440 VARIOUS MINISTRYHOLLA

1302 SE ANKENY ST PORTLAND, OR 97214

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance INTERNATIONAL SAMARITAN 34-1811907 92.769 VARIOUS 803 N MAIN ST 27-1703237 55.000 VARIOUS

ANN ARBOR, MI 48104 JP HAITIAN RELIEF ORGANIZATION 6464 SUNSET BLVD SUITE

1140

LOS ANGELES, CA 90028

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 93-0437947 8,035 VARIOUS LAUNDRY LOVE

PORTLAND, OR 97232				
LEGACY COLLECTIVE 210 NORTH WALTON BLVD	27-4586120	130,206		VARIOU

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BENTONVILLE, AR 72712

OUS SUITE 27

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 80-0953294 5.448 VARIOUS LIBERTY CHURCH

PO BOX 986 NEW YORK, NY 10272 LIFELINE CHILDREN'S 63-0896878 25,193 VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BIRMINGHAM, AL 35216

SERVICES 2104 ROCKY RIDGE ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 32-0089738 8.062 VARIOUS

22,726



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVE SALTED 82-2755074

5037 16TH AVENUE NE SEATTLE, WA 98105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 30-0287759 26.947 VARIOUS LOAVES AND FISHES INTERNATIONAL INC

375 NORTH MCCALL ROAD ENGLEWOOD, FL 34223 LOOM INTERNATIONAL 27-2924621 106.993 VARIOUS

4300 NE FREMONT ST SUITE 260

PORTLAND, OR 97213

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance LOVE DOES 83-0417128 527.282 VARIOUS P O BOX 60370 SAN DIEGO, CA 92166

27,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LUBBOCK DREAM CENTER

P O BOX 53850 LUBBOCK, TX 79453

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-4044723 65.000 VARIOUS MADE IN THE STREETS 409 FRANKLIN ROAD BRENTWOOD, TN 37027 MAURY HILLS CHURCH OF 62-1868335 22.159 VARIOUS CHRIST

101 UNITY LANE COLUMBIA, TN 38401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-3196267 444.840 VARIOUS MERCY HOUSE GLOBAL 5814 FM 1488 MAGNOLIA, TX 77354

978,268

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEXT WORLDWIDE

FLOWER MOUND, TX 75027

PO BOX 271130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-1463100 19.048 VARIOUS NO41 6505 S HARVEY AVE OKLAHOMA CITY, OK 73139

5,961

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OPEN DOOR ADOPTION

THOMASVILLE, GA 31799

AGENCY INC PO BOX 4

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1279798 45.157 VARIOUS PACIFIC UNION COLLEGE ONE ANGWIN AVE

9,310

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ANGWIN, CA 94508

PALISADES CHRISTIAN 38-3747503
ACADEMY
1115 N GOVERNMENT WAY

SPOKANE, WA 99224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-3355413 151.404 VARIOUS PARTNERS WITH ETHIOPIA

PO BOX 27637

FURLONG, PA 18925

GOLDEN VALLEY, MN 55427 POVERTY RESOLUTIONS 27-1895442 91,183 VARIOUS 3488 YORK ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-2450109 9.879 VARIOUS PREEMPTIVE LOVE COALITION 1300 DARBYTON DRIVE HEWITT, TX 76643

PURE MISSION 30-0868179 166,933 VARIOUS 113 W CENTRAL AVE SUITE

201 BENTONVILLE, AR 72712

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance REAL 4 CHRIST MINISTRIES 26-1128332 244 702 VARTOUS

18866 STONE OAK PKWY STE 103103 SAN ANTONIO, TX 78258	20 1120332	211,732		77112000
REFUGE COFFEE CO	47-1572898	43,910		VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3803 MARKET STREET CLARKSTON, GA 30021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance OUS

RENOVATE CHURCH PO BOX 2221	47-2576653	25,864		VARIOU
LEANDER, TX 78646				

83,448

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

26-4394379

RESTORE LIFE

PO BOX 94863 ATLANTA, GA 30377

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-3654834 14.716 VARIOUS RESTORED AND RENEWED

MINISTRY 4700 W COMMERCIAL DRIVE SUITE B1 N LITTLE ROCK, AR 72216

7,106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REVIVAL SPORT

P O BOX 130698

THE WOODLANDS, TX 77393

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-6080507 16.398 VARIOUS RIVERSIDE CHURCH 8660 DANIELS PKWY

8660 DANIELS PKWY
FORT MYERS, FL 33912

SAMARITAN COMMUNITY 04-3703020 113,242
CENTER VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1211 WEST HUDSON ROAD ROGERS, AR 72756

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-2330028 8.355 VARIOUS SARI BARI USA 210 N MAIN ST KOKOMO, IN 46901 SAVE STREET CHILDREN 45-2822269 32,729 VARIOUS

UGANDA

7802 FLOYDSBURG ROAD CRESTWOOD, KY 40014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 33-0335463 5.149 VARIOUS SEACOAST COMMUNITY CHURCH 1050 REGAL ROAD

139,473

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ENCINITAS, CA 92024 SECOND CHANCE GLOBAL INC.

1606 W DAVIS STREET BURLINGTON, NC 27215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 45-2938830 5.748 VARIOUS SERENGETT SCHOLARS 54 DANBURY ROAD 306 RIDGEFIELD, CT 06877

196,253

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

56-2648165

SERVE NWA

PO BOX 2372

BENTONVILLE, AR 72712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SHE IS ABLE 81-5339751 25.000 VARIOUS 521 OAK HILL CIRCLE

MARIETTA, GA 30067 SHE IS SAFE 22-3886094 50.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROSWELL, GA 30076

VARIOUS 11095 HOUSE ROAD SUITE 100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-3864451 10.361 VARIOUS SINANZI SEPO PROJECT VARIOUS

4010 ROUTE 9N APT 1 GREENFIELD CENTER, NY 12833 SIXTY FEET 27-2413300 206.563

2451 CUMBERLAND PARKWAY **SUITE 3526** ATLANTA, GA 30339

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SOLE HOPE 27-2305440 669,631 VARIOUS 605 EAST INNES STREET 3263

30,259

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALISBURY, NC 28145 SOULS HARBOR NWA

1206 N 2ND STREET ROGERS, AR 72756

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 25.000 VARIOUS STILL CREEK RANCH 24-2614076 6055 HEARNE ROAD BRYAN, TX 77808 STUDENTS FOR 95-3522679 258,627 VARIOUS

INTERNATIONAL MISSION 24888 PROSPECT AVE

LOMA LINDA, CA 92354

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance SU NICA 27-1232063 46.427 VARIOUS 303 TIFFANY CIR

62,255

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GARNER, NC 27529
TEN THOUSAND HOMES

PO BOX 118 WYLIE, TX 75098

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 21-1430025 5.007 VARIOUS TENTH STREET BAPTIST CHURCH - ADVAN 4002 F SOUTHPORT RD INDIANAPOLIS, IN 46237

5.829

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE A21 CAMPAIGN

427 E 17TH STREET F223 COSTA MESA, CA 92627

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE AFRICAN SOUP 45-4589195 19.611 VARIOUS PO BOX 50050 ATLANTA, GA 30302 THE EXODUS ROAD 46-1384815 14.070 VARIOUS

P O BOX 1681 COLORADO SPRINGS, CO

80901

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-1587576 251.718 VARIOUS THE FREEDOM STORY 337 17TH STREET SUITE 102 OAKLAND, CA 94612 THE GLOBAL MISSION 20-4897897 114.723 VARIOUS PO BOX 80222 RANCHO SANTA MARGARITA,

CA 92688

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance OUS

7,662

THE HUB URBAN MINISTRIES	26-4794709	14,387		VARIO
4110 YOUREE DRIVE				ĺ
SHREVEPORT, LA 71105				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE MENTORING PROJECT 27-0170750

PO BOX 25476 PORTLAND, OR 97298

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-2629916 6.445 VARIOUS THE ONE COLLECTIVE 303 ENCHANTED HILLTOP WAY LAKEWAY, TX 78738

14.013

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

THE SUMMIT CHURCH

6600 CRYSTAL HILL ROAD N LITTLE ROCK, AR 72118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-4663567 25.783 VARIOUS

THE TORCH WORSHIP CENTER 36-4663567 25,783 VARIO 800 CANNON BRIDGE ROAD DEMOREST, GA 30535 VARIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BEND, OR 97701

DEMOREST, GA 30535

THE VOICES PROJECT 82-0919085
PO BOX 673

VARIOUS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 73-0759888 89.870 VARIOUS

THECHURCHAT 3025 N ASPEN AVE BROKEN ARROW, OK 74169

TOGETHER FOR HAITI 81-1369915 101,397 VARIOUS PO BOX 8

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALADO, TX 76571

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-4241794 78.819 VARIOUS TREE OF HOPE HAITI PO BOX 344 C/O CHILD SPONSORSHIP ATHOL, MA 01331 TRF70 27-0515604 38.175 VARIOUS

408 TWICKENHAM PLACE FRANKLIN, TN 37069

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance RIOUS

TWELVE21GLOBAL1	82-4241240	130,242		VARIO
1600 W CAMPBELL ROAD GARLAND, TX 75044				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

152 DARK FOREST KYLE, TX 78640

VETERAN'S COLLECTIVE 82-3378509 23,067 VARIOUS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-1476221 9.343 VARIOUS VIDA IMPACT MISSIONS 101 E MAIN ST HUMBLE, TX 77338

25,006

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WALLA WALLA UNIVERSITY

204 SOUTH COLLEGE AVENUE COLLEGE PLACE, WA 99324

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 51-0247402 19.236 VARIOUS WATERBROOK HILLS 6 OLD POST ROAD

WATERBROOK FILLS 51-0247402 19,236 VARIOUS 6 OLD POST ROAD LANDENBERG, PA 19350 VARIOUS 59-3249201 59,424 VARIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

P O BOX 320735 COCAO BEACH, FL 32932

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3184971 13.649 VARIOUS WESTSIDE SCHOOL OF MISSION THEOLOG

10500 SW NIMBUS AVE BLDG PORTLAND, OR 97223

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MARIETTA, GA 30061

WHY SHOULD I BELIEVE 45-2673162 24,078 VARIOUS PO BOX 2172

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 58-1967768 409.337 VARIOUS WORD MADE FLESH PO BOX 70 WILMORE, KY 40390 WORLD ORPHANS 33-0571309 VARIOUS

32.610 6020 ERIN PARK DRIVE STE A

COLORADO SPRINGS, CO

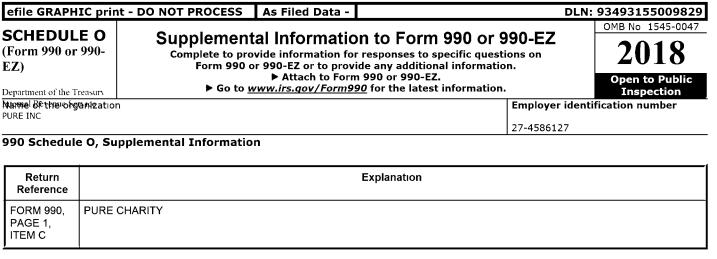
80918

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 50.788 VARIOUS WORLDWIDEVILLAGE 41-2014011 403 JACKSON STREET STE 308

MINNEAPOLIS, MN 55303 Y-MALAWI 20-3788576 52.613 VARIOUS 2105 FOOTHTLL BLVD SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

B312 LA VERNE, CA 91750



Return Reference Explanation

FORM 990 -	PURE INC. HELPS GROW A CULTURE OF GENEROSITY THROUGHT HIGH VOLUME PEER-TO-PEER FUNDRAIZIN
ORGANIZATION'S	G AND CROWD-FUNDING SOLUTIONS BY PROVIDING AIDE, AWARENESS AND SUPPORT, PURE INC , MOBILI
MISSION	ZES PEOPLE AND RESOURCES TO MAKE AN IMPACT WHERE EVERYONE CAN ENGAGE AND MAKE A
	DIFFERENCE

Return Explanation

LINE 4D

FORM 990, PURE CHARITY GIFT & GRANTS VARIOUS GRANTS TO SUPPORT PROJECTS IN THE AREAS OF FOOD, FREEDOM, PART III.

Return Explanation
Reference

FORM 990, THE TAX RETURN IS REVIEWED FOR ACCURACY AND COMPLETENESS BY THE OFFICERS OF THE ORGANIZATION PAGE 6, PART VI, LINE 11B

Return Explanation

Reference

FORM 990 THE BOARD SUPERVISES TO INSURE ENFORCEMENT OF THE CONFLICTS OF INTEREST POLICY

LINE 12C

FORM 990, THE BOARD SUPERVISES TO INSURE ENFORCEMENT OF THE CONFLICTS OF INTEREST POLICY
PAGE 6,
PART VI.

Return
Reference

Explanation

Explanation

LINE 19

## FORM 990, ALL DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN OR IN-PERSON REQUESTS PAGE 6, PART VI.