OK Yeaporned. Application usps. 03parcus. 252, 252, CAR 232 915 15 JUL 252019

Return of Organization Exempt From Income Tax

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						Inspection			
Α	For the	2018 calen	dar year, or tax year beginning		and	ending			
В	Check if applicable	C Name o	of organization				D Emplo	yer identific	ation number
_	Addre	ss Carr	D 3.75						
	chang	e CAIV	D AID				{	16 26	592906
	Name chang Initial		ousiness as	dal		Da/	E Talanta		
<u> </u>	return Final	1 20 1	r and street (or P.O. box if mail is not BOWEN ST	delivered to street addre	:55)	Room/suite	E Telepho	one number 97025	755156
_	return/ termin ated		town, state or province, country, ar	nd ZIP or foreign post	al code		G Gross red		850,507.
	Ameno		MONT, CO 80501					s a group re	
	Applic	F Name a	and address of principal officer DI	ANA RALSTO	Ŋ		for su	bordinates?	Yes X No
	pendir	SAME	AS C ABOVE					subordinates inc	
_			X 501(c)(3) 501(c) (_) < (insert no.)	4947(a)(1) (or 527	7 -		ist (see instructions)
			P://CANDAID.ORG	Association Oth		11. 4			number >
	art I	Summary	X Corporation Trust	Association Oti	her 🕨	I L Year	of formation:	2013 M	State of legal domicile: CO
Ŀ			oe the organization's mission or mo	et ejanificant activitie	. CAN'I	OTAC	SPREAD	S PEOP	LE POWERED
ģ	<u>:</u> '	DOGOODE	CRY THROUGH TOWNS,	TUNES, TRE	ADS +	TRAILS	AND I	LOVE YU	JR MAMA
Governance	2		ox If the organization disc						
Ş	3		oting members of the governing boo		·			3	7
<u>ن</u> ھ		Number of in	dependent voting members of the g	overning body (Part \	VI, line 1b)			4	6
		Total number	of individuals employed in calenda	r year 2018 (Part V, III	ne 2a)			5	0
Activities	6		of volunteers (estimate if necessary					6	3297
Act	7 a		ed business revenue from Part VIII, o	• • •	RE(CEIVE		7a	0.
	<u> </u>	Net unrelated	business taxable income from Fore	m 990-T, line 38		<u> </u>	고 Ploly	7b	0.
	-0	Contributions	and grants (Part VIII June 1h)		5 JUL	15 20		,583.	Current Year 808,506.
an e	Z1118		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)			-	-18	0.	0.
Revenue	250	-	come (Part VIII, column (A), lines 3,	4. and 7d)	OGI	DENU		0.	0.
ä	11		e (Part VIII, column (A), lines 5, 6d, 8		**		53	,235.	15,346.
	Γ '		- add lines 8 through 11 (must equ		N), line 12)		1,059	,818.	823,852.
	143	Grants and si	milar amounts paid (Part IX, column	n (A), lines 1-3)			214	,652.	231,020.
	5 14	Benefits paid to or for members (Part IX, column (A), line 4)					- 4 5 -	0.	0.
es	-		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						245,297.
ens	-		rundraising fees (Part IX, column (A)		27,62	,, -		0.	
EXD	:15		ing expenses (Part IX, column (D), I	· · · · —	21,02	-	461	,695.	178,525.
ò	A	· · · · · · · · · · · · · · · · · · ·	es (Part IX, column (A), lines 11a-11 es Add lines 13-17 (must equal Part	•	25)			436.	654.842.
	1	=	expenses Subtract line 18 from lin		.0,			,382.	169,010.
10						Bei	ginning of Cu		End of Year
Assets or	20	Total assets (Part X, line 16)					,628.	653,489.
t As	21	Total liabilitie:	s (Part X, line 26)					,244.	95.
			fund balances Subtract line 21 fro-	m line 20			484	,384.	653,394.
	art II	Signatur							
			I declare that I have examined this return		-				knowledge and belief, it is
true	, correc	7 1 7	Declaration of preparer (other than off	icer) is based on all info	rmation of wh	ich preparer	nas any know	riegge 1 a 1 1 2	3
Si.	_		e of officer		.	<u>. </u>	Da	te	<u> </u>
Sig Hei	I	•	KATECHIS						
1101			print name and title	$\overline{}$					
		Print/Type pre	parer's name	Preparer's signal	nul 251)n./10	ate	Check	PTIN
Paid	d		EKREM VOGEL	PAMELA LEKE		EID' 0	<u>6/18/</u> 1	9 self-employed	P00349873
Pre	parer	Firm's name	▶ KINGSBERY CPAS,					m's EIN 🕨	84-0960772
Use	Only	Firm's address		EET, SUITE	200			- م	
			BOULDER, CO 803	02-5335			Ph	one no. 3 0 3	3-444-2240
Ma	v the IA	S discuss thi	s return with the preparer shown at	oove? (see instruction	ıs)				X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)

Forn	990 (2018) CAN'D AID 46-3692906 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	CAN'D AID SPREADS PEOPLE POWERED DOGOODERY THROUGH TOWNS, TUNES, TREADS + TRAILS AND LOVE YUR MAMA EFFORTS NATIONWIDE.
	TREADS + TRAILS AND DOVE FOR MANA EFFORTS NATIONWIDE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 55,085 • including grants of \$ 10,000 •) (Revenue \$)
-1 a	(Code) (Expenses \$) (Revenue \$) TREADS + TRAILS PROGRAM - FOCUSED ON PROMOTING A HEALTHY+ ACTIVE
	LIFESTYLE FOR PEOPLE OF ALL WALKS OF LIFE WITH A SPECIAL FOCUS ON
	UNDERSERVED YOUTH. TREADS+ TRAILS HAS WORKED TO IMPROVE ACCESS TO
	MULTI-USE TRAILS IN COLORADO, VERMONT, NORTH CAROLINA AND PARTNERED
	WITH APPALACHIAN TRAIL CONSERVANCY TO PROVIDE SUMMER-LONG TRAIL
	LEADERSHIP/STEWARDSHIP PROGRAM FOR YOUTH AGES 18-24. ADDITIONALLY, WE
	HAVE BUILT+ DONATED 2,500 BIKES FOR UNDERSERVED YOUTH ACROSS THE
	COUNTRY.
	<u> </u>
	<u> </u>
—- 4b	(Code) (Expenses \$ 201,411. including grants of \$ 121,490.) (Revenue \$)
7.0	(Code) (Expenses \$
	MUSIC, ARTS+'CULTURE. WORKING WITH NATIONALLY TOURING MUSICIANS (TUNES
	AMBASSADORS), WE PROVIDE HANDS-ON MUSIC WORKSHOPS FOR UNDERSERVED YOUTH
	AND HAVE DONATED MORE THAN 1,000 INSTRUMENTS TO TITLE 1 PUBLIC SCHOOL
	MUSIC PROGRAMS IN NEED ACROSS THE COUNTRY. WE ALSO PROVIDE SMALL GRANTS
	TO ARTISTS TO HELP SUPPORT THEM IN THEIR CAREERS.
—_ 4с	(Code) (Expenses \$137,637. including grants of \$5,000.) (Revenue \$)
	LOVE YUR MAMA PROGRAM - FROM THE CRUSH IT CRUSADE TO JUMPING IN AND
	SPEARHEADING RIVER/BEACH AND TRAIL CLEAN-UP EFFORTS, CAN'D AID WORKS TO
	SUPPORT SUSTAINABILITY INITIATIVES ACROSS THE COUNTRY. OUR RECYCLING
	PROGRAM, THE CRUSH IT CRUSADE, WORKS TO GET ORGANIZATIONS,
	MUNICIPALITIES AND SCHOOLS TO LAUNCH THEIR OWN SUSTAINABLE GRASSROOTS
	RECYCLING PROGRAMS OFF THE GROUND. WE PARTNER WITH COLORADO WATER
	TRUST+ TROUT UNLIMITED IN A VARIETY OF STATES TO ENSURE OUR RIVERS ARE
	HEALTHY AND THRIVING. TREE PLANTINGS AND REFORESTATION PROJECTS ROUND
	OUT THE LOVE YUR MAMA PROGRAM.
	Other program canucas (Describe in Schadula O.)
-1 U	Other program services (Describe in Schedule O) (Expenses \$ 90,994. including grants of \$ 94,530.) (Revenue \$)
4e	Total program service expenses 485, 127.
	Form 990 (2018)

Form	000	(2018)	
COLLI	990	(2010)	

Form 990 (2018) CAN ' D A I D
Part IV Checklist of Required Schedules

			res	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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		1,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
٠ _	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9_		_ <u>^</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-0-		
••	as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			<u> </u>
_	Part VI	11a	х	ļ
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 167 If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a_		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15_		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I. Parts I and II	21	х	

Form	990 (2018) CAN'D AID 46-36!	<u> 32906</u>	<u> </u>	Page
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		İ	ĺ
	Schedule K If "No," go to line 25a	24a		X
b		24b	1	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	1	1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\top
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	1	\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1200	 	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	 	+
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."]
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	 	1
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21	+	1
20				
_	Instructions for applicable filing thresholds, conditions, and exceptions)	000	╂	x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	+	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	┼	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	┼	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	╁──	 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
24	contributions? If "Yes," complete Schedule M	30	┼	 ^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		X
20	If "Yes," complete Schedule N, Part I	31	+	 ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
~~	Schedule N, Part II	32	┼─	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33_	+-	 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 24	1	х
25.	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	<u> </u>
IJ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	36		X
27	If "Yes," complete Schedule R, Part V, line 2	30	†	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pai	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ <u> </u>	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Solidade S contains a reapolise of note to any line in this tart v		Tv	<u> </u>
	Establis and based of Day 2 of Farm 1000 Falls 2 factors for the	5	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Table 4 the number of Forms W 20 method in line 1s. February 2 of and applicable	5		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the agreement as a complete the restaurant of the second s	쒸		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	X	
	(gambling) winnings to prize winners?	1c	$\perp \Delta$	

Form 990 (2018)

832005 12-31-18

Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 2a filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) $\overline{\mathbf{x}}$ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? หิล b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required. X 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Х a Did the sponsoring organization make any taxable distributions under section 4966? 9a Х b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes." see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 6 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a X b Word officers, directors, or truetees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request \square Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records DEB BICKLE - 303-981-5650 BOWEN STREET, 80501 LONGMONT

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

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

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

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

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 in	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do				l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	\vdash	officer and a direc			M/II US	186)	from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	o a	ee			sated		organization (W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	Individual trustee or director	Institutional trustee		ae Ae	mpen		(** 27 1055 111100)		and related
	below	dual	ntion;	۱.,	윤	stco	ا ا			organizations
	line)	ğ	last l	Officer	Key employee	Highest compensated employee	Former			
(1) DALE KATECHIS	1.00									
PRESIDENT		X		Х				0.	0.	0.
(2) SCOTT HICAR	1.00									•
VICE PRESIDENT		X		Х		Ĺ		0.	0.	0.
(3) STEPHANIE BRADY	1.00						İ			
SECRETARY		X		X			L	0.	0.	0.
(4) ANITA GRAY	1.00						ļ	:		_
TREASURER		X		Х	_			0.	0.	0.
(5) DIANA RALSTON	8.00							_		
EXECUTIVE DIRECTOR		X		X				0.	99,996.	6,000.
(6) JASON ROGERS	1.00							_		
DIRECTOR		X						0.	0.	0.
(7) CHAD MELIS	1.00									_
DIRECTOR		X				ļ		_0.	0.	0.
				L.		ļ				
		_	_	<u> </u>	-	ļ		-		
		-								
		<u> </u>	_		_	! —				-
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	}	1								
	1	1	i	I	1	1		1	l .	

Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	compensated Employe	es (continued)				
(A)	(B)		(C)					(D)	(E)	ł	(F)		
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimated		
	hours per	box	, unles	ss pe	rson i	s both	h an	compensation	compensation	ar	amount of		
	week	\vdash	Cer an	uau	recto	1711105	lee,	from	from related		other		
	(list any hours for	director					the	organizations (W-2/1099-MISC)	- 1	npensa rom th			
	related	5	; છૂ			sated		organization (W-2/1099-MISC)	(00-271099-101150)		janizat	-	
	organizations	Individual trustee	institutional trustee		a 2	u beu	ĺ	(** 2) 1000 141100)		_	d relat		
	below	duaf	ution	<u>.</u>	l ag	stco					anızatı		
<u></u>	line)	Indiv	Instit	Officer	Кеу етрюуее	Highest compensated employee	Former					-	
						l			_				
								ļ					
								,					
<u></u> ,							_						
ļ													
						L.	L			—			
						ļ							
1b Sub-total								0.	99,996		6,0		
c Total from continuation sheets to Part VII,	, Section A						>	0.	0.			0.	
d Total (add lines 1b and 1c)							<u> </u>	0.	99,996	<u>, </u>	6,000.		
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100	,000 of reportable			_	
compensation from the organization	 -											<u> </u>	
											Yes	No	
3 Did the organization list any former officer,		stee	, ke	y en	plo	yee,	or h	highest compensated ei	mployee on			37	
line 1a? If "Yes," complete Schedule J for su										3		Х	
4 For any individual listed on line 1a, is the sur									he organization			v	
and related organizations greater than \$150,										4		X	
5 Did any person listed on line 1a receive or a							elate	ed organization or indivi-	dual for services	- <u>-</u> -		Х	
rendered to the organization? If "Yes." come Section B. Independent Contractors	olete Schedule	J.fc	or su	ch r	perso	on			1 12	5		Λ	
	nananatad iad		- d - r				o th	at recound more than 9	2100 000 of compans	otion fr			
Complete this table for your five highest con the organization. Report compensation for the	•	-								audii ii(J111		
(A)	ne calendar ye	are	HUILI	y w	ili i O	<u> </u>	1 311 1	(B)	-cai	(0	<u> </u>		
Name and business a	address	NC	NE	?				Description of s	services	Compe		n	
							一			<u>-</u> -			
							\neg						
				1			\dashv						
							$\neg \uparrow$					-	
2 Total number of independent contractors (in	cluding but no	ot lin	nited	to t	hos	e list	ted	above) who received m	ore than				
\$100,000 of compensation from the organization					0)		<u> </u>		<u></u>			

			2018) CAN' I				,	46-3692	906 · Page 9
[§] b [®] S	ırt V	(III	Statement of Rever	nue				<u> </u>	
			Check if Schedule O cont	ains a response	or note to any lin				
沙亚斯						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a				心影響等	Contents
rar	3	b	Membership dues	1b					
S, G		c	Fundraising events	1c	15,256.				
Sift		d	Related organizations	1d					
		е	Government grants (contribut	1	<u> </u>				
r tio]	f							
£			similar amounts not included abo		793,250.				
Contributions,			Noncash contributions included in lines	1a-1f \$	14	000 F06			
<u> </u>	1.	h	Total. Add lines 1a-1f	<u> </u>		808,506.	No. of Children Committee Cont. Co. Co. Co. Co.	Life Brance Charles	ATTENDED STREET OF THE PROPERTY OF
		,	,		Business Code			SENTANCES SECTO	而是美國於此時前
Ġ,	2	a L				3	-		
Ser	- '	٠ د			3		<u> </u>		
E 3		d	· · · · · · · · · · · · · · · · · · ·	•		<u> </u>		,	
Program Service Revenue	- ,	≖ e.	•			,	,	· ·	
<u>. Ĕ</u>	Ι΄,	f,	All other program service reve	nue				, '	
			Total. Add lines 2a-2f			-	新疆域門的大地区域	海斯姆公益署	的政策等等所以
· · ·	.3		Investment income (including	dividends, intere	eşt, and	,			* 1
۲,	: ·		other similar amounts)	.*	•				,
	4.	-	Income from investment of tax	x-exempt bond p	roceeds	•		<u> </u>	
	5		Royalties		· · ·	Control on American No. 5 Total Control	1000 1 101 100 100 100 10 10 10 10 10 10	,	
•-		`	<u>, </u>	(ı) Real	(ii) Personal				
	6 6		Gross rents		ļ				
	l .		Less rental expenses		ļ				
	ı		Rental income or (loss)		L	CANCEL STANDARD STANDARD	是由于环境的可控制的		
Ł			Net rental income or (loss)	4) 0 1 - 1	() (0)	TO ALM IN THE SECTION OF THE SECTION	MINERAL CHESTON OF PRINCES.	(\$40 E 465 E	Description of the contraction of
	- / - 6		Gross amount from sales of assets other than inventory	(i) Securities	. (II) Other				
::	٠.		Less cost or other basis	·	·				
• •	•		and sales expenses	. `	٠,				
ذ ي			Gain or (loss)	- ` ;	1.				
` .*	•		Net gain or (loss)		•	Allega Street with the last the self-	-	Lat Carried Miles . Danies made and	A Cod on Other Anna Contracted To Sana al.
			Gross income from fundraising	g events (not ·					
nue	1.			56 of .					
eve	, *		contributions reported on line	1c) See					
R	s		Part IV, line 18	. а					
Other Revenue			Less direct expenses	, b	26,655.	公理的问题型		ALE ALE CALLER OF THE PARTY OF	
•			Net income or (loss) from fund			15,346.	Fr. berkesediging was a	t well mercetal advanta.	15,346.
	9 á		Gross income from gaming ac	tivities See					
, .	٠.		Part IV, line 19	` a					
		•	Less direct expenses	. b		建筑等的表示。	是"四十四年的		4.58833 4443833
			Net income or (loss) from gam	-		THE WELL THE STATE OF THE STATE	18.25.15 (13.25.15) 18.25.15 (13.25.15)	, FERRATION GARAGE	LK WEEK WINNESS
٠.	10 2		Gross sales of inventory, less and allowances						
			Less cost of goods sold	a b	<u> </u>				
,			Net income or (loss) from sales	-		widthing in strength profes and doll	5 - 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Sa Wassistanian F Lander St. 1	relate the same of the start ship.
		_	Miscellaneous Revenue		Business Code	发展中国的中国		Josephin And	斯顿公司
	11 a	3		· · · · · · · · · · · · · · · · · · ·		A 17 March 2011 - Secure Action of 17 March 23	* The second carried and administration	S 410 AN USE OF 400 AN USES OF	The second of the second selfer of
	k) .	• •						
٠.	. 0	2		•	`			-	
	c	t	All other revenue						
	, 6	9	Total. Add lines 11a-11d	;	>		经过程产品的	经规则的证据	的學家很多過數
1	10		Total royanua See instructions		N	823 852.	በ . በ	n I	15 346.

Form 990 (2018) CAN ' D AID
Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
_	Check if Schedule O contains a respon-			- (0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	148,530.	148,530.		•
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	82,490.	82,490.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· ·	
5	Compensation of current officers, directors,	014 245	141 640	70 707	
_	trustees, and key employees	214,347.	141,640.	72,707.	
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)	30 050		30 050	
9	Other employee benefits	30,950.		30,950.	
10	Payroll taxes				
11	Fees for services (non-employees)				
a					
b	Legal	8,620.		8,620.	
C	F	0,020.		0,020.	
d	, , , , , , , , , , , , , , , , , , ,				. – – – – – – – – – – – – – – – – – – –
f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	4,737.		4,737.	
12	Advertising and promotion	34,343.	18,756.	5,446.	10,141.
13	Office expenses	596.		596.	20/222
14	Information technology	578.		578.	
15	Royalties				
16	Occupancy				
17	Travel	27,524.	24,837.		2,687.
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials	ļ			
19	Conferences, conventions, and meetings	10,722.	9,665.	287.	770.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,595.		11,595.	
23	Insurance	5,407.		5,407.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	GUDDI TEG	70,876.	55,644.	1,207.	14,025.
b	ADMINISTRATION	12,974.		12,974.	
c	POSTAGE AND MAILING	3,645.	2,200.	1,445.	
ď	PRINTING	2,296.	790.	1,506.	
е	All other expenses	-15,388.	575.	-15,963.	
25_	Total functional expenses Add lines 1 through 24e	654,842.	485,127.	142,092.	27,623.
26	Joint costs Complete this line only if the organization				•
	reported in column (B) joint costs from a combined	ł		ľ	
	educational campaign and fundraising solicitation.	1			
	Check here If following SOP 98-2 (ASC 958-720)				
00004	12-31-18				Form 990 (2018)

		Check if Schedule O contains a response or note	to an	y line in this Part X				. \square
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				480,278.	1	598,248.
	2	Savings and temporary cash investments		•			2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net	-			648.	4	27,588.
	5	Loans and other receivables from current and for	mer o	fficers, directors,			1	. 医红色镜 性心的 4.3等
		trustees, key employees, and highest compensa-	ted em	ployees Complete			が終	
	,	Part II of Schedule L				,	5	
	6	Loans and other receivables from other disqualifi	ed pe	rsons (as defined un	der	ENTERSON OF E	4557	
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contribu	uting		4 th	
41		employers and sponsoring organizations of secti		Septime.	中,因都是他们的			
छ		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net					7	`_
Ä	8	Inventories for sale or use				454.	8	
	9	Prepaid expenses and deferred charges		•		<u> </u>	9	
	10a	Land, buildings, and equipment cost or other		- "				
		basis Complete Part VI of Schedule D	10a	57,9	75.		潔源.	
	, b	Less accumulated depreciation	10b	30,3	22.	39,248.	10c	27,653.
	11	Investments - publicly traded securities				•	11	
	12	Investments - other securities See Part IV, line 1	1	•			12	
	13	Investments - program-related See Part IV, line 1		,	13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11			-	F20 C20	15	CE2 400
	16	Total assets. Add lines 1 through 15 (must equa	I line 3	<u>34) </u>		520,628. 36,244.	16	653,489.
	17	Accounts payable and accrued expenses		. `		.30,244.	17	
	18	Grants payable		18	,			
	19	Deferred revenue					19 20	<u> </u>
	20	Tax-exempt bond liabilities		of Cobodulo D			21	
		Escrow or custodial account liability Complete F					州野 於	[4] The American Control (American Control)
ies		Loans and other payables to current and former key employees, highest compensated employees		•			SAST	
Liabilities		Complete Part II of Schedule L	s, and	disquaimed persons	•	25% / 6 3 Lang 1 and 7 6 461, 17 mm 2 4,175	22	DEL ACTIONS SOME AND HER RIVER
Lia	23	Secured mortgages and notes payable to unrelate	ed the	rd narties			23	
,	24	Unsecured notes and loans payable to unrelated					24	· ·
	25	Other liabilities (including federal income tax, pay		-				
		parties, and other liabilities not included on lines			of .			
		Schedule D	•	•		0.	·25	95.
	26	Total liabilities. Add lines 17 through 25				36,244.	26	95.
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here 🕨 🗓 :	and	THE TOTAL STATE OF THE	TANK.	
· s		complete lines 27 through 29, and lines 33 and	34.	•				
JCe	27	Unrestricted net assets				484,384.	27	653,394.
alaı	28	Temporarily restricted net assets					28	,
d B	29	Permanently restricted net assets					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958	3), check here 🕨		像的鐵鍵電影中的	1. Sept. 1.	
orF		and complete lines 30 through 34.				然於為用。謂語為自己。		
ets	30	Capital stock or trust principal, or current funds					30	
\ss(31	Paid-in or capital surplus, or land, building, or equ	upme	nt fund .	•		31	
et 🌶	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		161 261	32	(52.22:
Z	33	Total net assets or fund balances				484,384.	33	653,394.
	34	Total liabilities and net assets/fund balances				520,628.	34	653,489.

Form	990 (2018) CAN 'D AID	46-369	<u> 2906</u>	Pa	ige 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 			
			0.0		
1	Total revenue (must equal Part VIII, column (A), line 12)				52.
2	Total expenses (must equal Part IX, column (A), line 25)	2			42.
3	Revenue less expenses Subtract line 2 from line 1	3		_	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	484	4,3	84.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	65	<u>3,3</u>	94.
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1		ľ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both		۲ ا		•
	Separate basis Consolidated basis Both consolidated and separate basis			•	oxed
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	, ,		,
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		7.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
~	are quiete, avalue why a School de O and describe any stops taken to undergo such audits		3h		

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

Lomplete 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.

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

2018

Employer identification number

Open to Public Inspection

Name of the organization

46-3692906 CAN'D AID Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university. 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990 EZ) 2018 CAN D AID 46-3692

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and					,	
	membership fees received (Do not						
	include any "unusual grants ")	729,794.	610,875.	487,676.	907,146.	773,690.	3509181.
2	Tax revenues levied for the organ-					.	
	ization'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						2522121
4	Total. Add lines 1 through 3	729,794.	610,875.	487,676.	907,146.	773,690.	3509181.
5	The portion of total contributions					加州的 企业的	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	超频等等规划					٠
	on line 1 that exceeds 2% of the					THURST	
	amount shown on line 11,						100000
	column (f)	FARMS" AND S			Sand State of Land State of County	HE PERSONAL COMME	1888966.
	Public support. Subtract line 5 from line 4	的相談。 多形態的	1404 - 1411 - 141	者等2.1945年的	Para alprinaria	1945年1988年1987日	1620215.
	ction B. Total Support			. ,		() 00/0	(0.T.:.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 773,690.	(f) Total 3509181.
	Amounts from line 4	729,794.	610,875.	487,676.	907,146.	113,030.	2202T0T•
8	Gross income from interest,						L
	dividends, payments received on	•					
	securities loans, rents, royalties,						
	and income from similar sources		<u> </u>				
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					'	
4.4	assets (Explain in Part VI)	লাজ মুখ্যমুখ্য ন্যান্ত্রিকার শ্রুমি	7 (K) (S) (##\$ (F) (h)	and the state of t		2.随至400.40世	3509181.
	Total support. Add lines 7 through 10		2 - 12 1 2 2 2 2 2 2 2 2 2 2 2 2 3 2 3 3 3 4 3 4	THE REPORT OF THE PERSON		12	<u> </u>
	Gross receipts from related activities,	•		fourth or fifth to	v vear as a section		-,
13	First five years. If the Form 990 is for		s mst, second, third	z, rourar, or man ta	n year as a section	1 30 1 (0)(0)	▶
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage	-			
	Public support percentage for 2018 (I			olumn (fl)		14	46.17 %
	Public support percentage from 2017			(·//		15	%
	33 1/3% support test - 2018. If the c			n line 13, and line 1	ا 14 is 33 1/3% or m		
.54	stop here. The organization qualifies						▶ X
ь	33 1/3% support test - 2017. If the			ne 13 or 16a. and	line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qual					,,	▶□
172	10% -facts-and-circumstances test				13, 16a, or 16b. a	nd line 14 is 10% o	or more,
a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					 	▶□
h	10% -facts-and-circumstances test					7a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ 🗔
18	Private foundation. If the organization						

Schedule A (Form 990 or 990 EZ) 2018 CAN ' D AID

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support Calledary says (or fistal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Office, grants, contributions, and membership fees received (10 not include any "unusual grants") Gross nacupts from admissions, merchandless cold or services per- formed, or facilities than it entated to the organization's tax-exampt purpose Gross nacupts from admissions, merchandless cold or services per- formed, or facilities than it entated to the organization's tax-exampt purpose Gross receipts from admissions that are not an unrelated trade or bus- iness under section 513 4. Tax revenues leved for the organization's tax-exampt purpose 5. Total. Add lines 1 through 5 7. The value of services or facilities furnished by a governmental unit to the organization's business of the organization's business from the trade or the public services from the public support services or the public services from the public support services or the public services from the trade or the public services from the trade or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services from the services or the public services or the public services or the public services or the public services from the services or the pu		(Complete only if you checked			organization failed	to qualify under P	art II If the organiza	ation fails to
Calendary year (or fiscally year seplaning in) 1 Oilts, grants, contributions, and membershy files received (Do not include any "unsual grants") (Do not incl	Sec		elow, please comp	lete Part II)				/
Is ditts, grants, contributions, and memberably feets received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities formated in any activity that is related to the organization's take-warehy turpose as Gross receipts from activities that are not an unrelated drade or business under section 513 4 Tax revenues level 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 furnished by a governmental un			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								\$

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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C	The organization supported a governmental entity Describe in Fart VI now you supported a government entity (see in	structions,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1]	1
	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	,		l
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		<u> </u>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

1 No. 2 Rec 3 Or 4 Arc 5 Do 6 Pr C C C C M 7 Or 8 Arc Section 1 Arc	other Type III non-functionally integrated supporting organizations must com A - Adjusted Net Income et short-term capital gain ecoveries of prior-year distributions ther gross income (see instructions) dd lines 1 through 3 epreciation and depletion ortion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4)	1 2 3 4 5	(A) Prior Year	(B) Current Year (optional)
2 Re 3 Of 4 Ac 5 De 6 Pc cc m 7 Of 8 Ac Section	ther gross income (see instructions) dd lines 1 through 3 epreciation and depletion ortion of operating expenses paid or incurred for production or oblection of gross income or for management, conservation, or iaintenance of property held for production of income (see instructions) ther expenses (see instructions)	2 3 4 5		
3 Of 4 Ad 5 De 6 Pc CC MM 7 Of 8 Ad Section 1 Ad	ther gross income (see instructions) dd lines 1 through 3 epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions)	3 4 5 6 7	,	
3 Or 4 Ac 5 De 6 Pc CC mm 7 Or 8 Ac Section 1 Ac	ther gross income (see instructions) dd lines 1 through 3 epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions)	6 7	`	
4 Ac 5 De 6 Pc cc m 7 Oc 8 Ac Section 1 Ac	epreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions)	6 7	,	
5 De 6 Pc cc m 7 Ot 8 Ac Section 1 Ac	epreciation and depletion ortion of operating expenses paid or incurred for production or oblection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions)	6	,	
7 Ot 8 Ac Section 1 Ac	ollection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) ther expenses (see instructions)	7_		
7 01 8 Ad Section	aintenance of property held for production of income (see instructions) ther expenses (see instructions)	7_		
7 01 8 Ac Section	ther expenses (see instructions)	7_		
7 01 8 Ac Section	ther expenses (see instructions)	 `-		,
Section 1 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)		•	
1 Aç		8		ı
	B - Minimum Asset Amount		` (A) Prior Year	(B) Current Year (optional)
,	ggregate fair market value of all non-exempt-use assets (see		经验证的证据的	NEW TOWNSHIP TO A STATE OF THE
ın:	structions for short tax year or assets held for part of year)		AND CARRY TO THE	
	verage monthly value of securities	1a	•	
	verage monthly cash balances .	1b		
	air market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	iscount claimed for blockage or other	杨俊	Thanks Washing P	THE MALE TO THE PARTY OF THE PA
	ctors (explain in detail in Part VI)			
	cquisition indebtedness applicable to non-exempt-use assets	2	•	
	ubtract line 2 from line 1d	. 3		•
	ash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	ee instructions)	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 035 .	6	•	-
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, Column A)	1	PERSONAL PROPERTY.	
	nter 85% of line 1	2	经企业的	
	inimum asset amount for prior year (from Section B, line 8, Column A)	. 3	是是"可能要用"的对外性能能	
	nter greater of line 2 or line 3	4	(2) 自绕为人的 斯森斯	
	come tax imposed in prior year	5	為於於釋物達的發展	
	stributable Amount. Subtract line 5 from line 4, unless subject to		ACCEPTANCE OF THE PARTY OF THE	
	nergency temporary reduction (see instructions)	6		,
7	Check here if the current year is the organization's first as a non-functionally	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2018

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	····
Secti	on D - Distributions			Current Year
٠ 1	Amounts paid to supported organizations to accomplish exe	mpt purposes	, , , , , , , , , , , , , , , , , , , ,	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported "	,	1
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets		· .	
5 -	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	, , , , , , , , , , , , , , , , , , , ,		• • •
8	Distributions to attentive supported organizations to which the	he organization is responsive		ب د
	(provide details in Part VI) See instructions			ı
9	Distributable amount for 2018 from Section C, line 6	• •		
10 ·	Line 8 amount divided by line 9 amount	<u>, </u>		
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(III) Distributable Amount for 2018
			PRINCIPAL OF STREET	
	Distributable amount for 2018 from Section C, line 6	2000年2000年2000年2000年200日至100日至100日至100日至100日至100日至100日至100日至	BALITANIA PARINDA BARANTA BARANTA PARINDA PARI	
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions		TOWARD COMMITTEE .	
3.	Excess distributions carryover, if any, to 2018	SUMMERS SEE MADERAGES TO THE SEE	Paradiana de la companya de la comp	PART SET VINGE SANDARIA ANTERIOR ANTERI
	From 2013	MARKET AND REALIST TO STATE OF THE PROPERTY OF		
	From 2014			
	From 2015	AND PARTY OF THE P	F. 1740 (FALLIF CHAPESTER SESSE)	
	1101112010	The second of the second secon		Property and the property of the state of th
	From 2017	estranticionestalatica, su aractes est.	THE THE SECTION OF TH	
	Total of lines 3a through e	THE STREET HAVE THE SAME	各种种,从分别以下2001年。 大师后是 Line 11. 在2004年	THE STATE OF THE PARTY OF THE P
	Applied to underdistributions of prior years	TATE OF THE PARTY		Milit Manage respect the experimental state
<u>n</u>	Applied to 2018 distributable amount	arminity interpretages sixtherev eas	SEPTIME SEPTIMENT OF THE VELERONARIO PAREETA	
- 	Carryover from 2013 not applied (see instructions)		ART TO THE LESS OF THE TAIL	Tanker is smalled threat
	Remainder Subtract lines 3g, 3h, and 3i from 3f		THE PROPERTY OF THE PROPERTY O	
. 4	Distributions for 2018 from Section D,			
	line 7: \$		2 a La del Car Helber . Dans and the selection of the	
	Applied to underdistributions of prior years Applied to 2018 distributable amount	ACTUAL CONTRACTOR OF THE CONTR		CON ACTION LAND AND TO THE CONTRACT TO AND CONTRACT CONTRACT CONTRACT TO A SECURITION OF THE CONTRACT
		NECT ARE LOS WAS INVOICED TO		
	Remaining underdistributions for years prior to 2018, if		and dell made charter and comment in the construction	
5	•		r	
•	any Subtract lines 3g and 4â from line 2. For result greater			
	than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h	AND THE STATE OF T		- Str. Material and Control of the Street Control
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			,
	Excess distributions carryover to 2019. Add lines 3	N. Str. Williams, waster at a share in welling to		
7				
8	and 4c Breakdown of line 7	THE WARRENGER STATE	CONTROL MANAGER	Z PROCESSON A
	Excess from 2014		HAT THE WAS EVEN BY	10万里在15000000000000000000000000000000000000
	Excess from 2015			THE TOTAL PROPERTY.
	Excess from 2016	建筑水流流流流流流流流流流流流流流	Colonia de la companya de la colonia de la c	· 1 4 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Excess from 2017		Y#124.2-10-10-11-12	Line need Andrews
<u>u</u> _	LAGGGG HOITI 2017 ·	CONCERNATION OF THE SAME	The control of the design of the second	with the control of the state of the

Schedule A	(Form 990 or 990-EZ) 2018 CAN'D AID	46-3692906	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b, Part III, line 12, and 2, Part IV, Section /, Section B, line 1e, Par	С.
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CAN'D AID

Employer identification number 46-3692906

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	
_	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		· ·
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d		after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea	\ <u>-</u>	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
	S		(5)()
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4)	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the d	organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
Fai	Complete if the organization answered "Yes" on Form		Cirillai Addeta.
			and halance cheet works of ort
та	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		or public service, provide, in Fart Alli,
	the text of the footnote to its financial statements that descr		halanaa ahaat warka of art, bistorical
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public s	service, provide the following amounts
	relating to these items		•
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	•
а	Revenue included on Form 990, Part VIII, line 1		▶ \$ ▶ \$
h	Assets included in Form 990, Part X		▶ \$

		(Form 990) 2018 CAN 'D A								<u>92906</u>		<u> 1e 2</u>
Par	t III	Organizations Maintaining C	ollections of Ar	rt, Histe	orical Tre	asures, or Oth	er Sir	milar	Assets	; (continu	ıed)	
3	Using	the organization's acquisition, accessi	on, and other record	is, check	any of the f	ollowing that are a	signific	ant u	se of its c	ollection it	tems	
	(chec	k all that apply)										
а		Public exhibition	•	d \square	Loan or excl	hange programs						
b		Scholarly research	•	е 🗌	Other							
С		Preservation for future generations										
4	Provid	de a description of the organization's co	liections and explai	n how th	ey further th	e organization's ex	empt p	ourpos	se in Part	XIII		
5	During	g the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or other simila	ar asse	ets				
	to be	sold to raise funds rather than to be ma	untained as part of t	the organ	ization's col	lection?				Yes		No
Par	t IV	Escrow and Custodial Arran	gements. Compl	lete if the	organizatio	n answered "Yes" o	n Forn	n 990	, Part IV, I	ıne 9, or		
		reported an amount on Form 990, Par	t X, line 21									
1a	Is the	organization an agent, trustee, custodi	an or other intermed	diary for d	contributions	or other assets no	t inclu	ded	_			
	on Fo	rm 990, Part X?								Yes		No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing t	able		_					
							L		·	Amount		
С	Begin	ining balance					L	1c				
d	Addıtı	ions during the year					_	1d				
е	Distrib	butions during the year					L	1e				
f	Endin	g balance					L	1f				
2a	Did th	ne organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	istodial account liab	olity?			Yes		No
b	If "Ye	s," explain the arrangement in Part XIII						,,,				
Par	t V	Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo	rm 990, Part IV, line	10					
			(a) Current year	(b) P	rior year	(c) Two years back	(d) T	hree y	ears back	(e) Four y	ears b	<u>ack</u>
1a	Begin	ning of year balance		ļ								
b	Contr	ibutions										
С	Net in	vestment earnings, gains, and losses		<u> </u>								
d	Grant	s or scholarships		<u> </u>								
е	Other	expenditures for facilities										
	and p	rograms					<u> </u>					
f	Admı	nistrative expenses		<u> </u>			ļ					
g	End o	of year balance		<u> </u>								
2	Provid	de the estimated percentage of the curr	ent year end balanc	e (line 1g	j, column (a)) held as						
а	Board	d designated or quasi-endowment		%								
b	Perm	anent endowment	%									
С	Temp	orarily restricted endowment 🕨	%									
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are th	nere endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	d administered for	the org	ganiza	ition	_		
	by.										Yes	No
	(i) u	nrelated organizations								3a(i)		
	(ii) re	elated organizations						,		3a(iı)		
b	If "Ye	s" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b		
4	Descr	ribe in Part XIII the intended uses of the		wment f	unds							
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a S	ee Form 990, Part	K, line	10				
		Description of property	(a) Cost or o		(·-) -	• •	Accun		d	(d) Book	value	
			basis (invest	ment)	basis	(other) c	iepreci	ation				
1a	Land											
b	Buildi	ngs										
С	Lease	ehold improvements										
d	Equip	oment				6,850.		3,49			, 35	
е	Other	· · · · · · · · · · · · · · · · · · ·			3	1,125.	6	5 , 82	28.		,29	
Tota	Δdd	lines 1a through 1e. (Column (d) must e	gual Form 990 Part	Y colum	on (R) line 1	nc I				27	,65	3.

(a) Deceription of equirity or estenory		on Form 990, Part IV, I			end of-year market value
a) Description of security or category	(including name of security)	(b) Dook value	(c) Method o	valuation Cost of e	mu oryear market value
Financial derivatives					·
Closely-held equity interests					
Other			<u></u>		
(A)					
(B)					
(C)					····
(D)					
(E)					
(F)					
(G)					
(H)					
al (Col. (b) must equal Form 990, Pa				· · · · · · · · · · · · · · · · · · ·	
art VIII Investments - Pro	-				
Complete if the organiz					·
(a) Description of inve	estment	(b) Book value	(c) Method o	f valuation Cost or e	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					···········
· ·					
(8)					•
(9)					
1~/		ļ — — — — — — — — — — — — — — — — —			
al (Col. (b) must equal Form 990, Pa art IX Other Assets.		on Form 990. Part IV.	ine 11d. See Form 99	0 Part X line 15	
al (Col. (b) must equal Form 990, Pa art IX Other Assets. Complete if the organiz	zation answered "Yes" (a)	on Form 990, Part IV, I Description	ne 11d See Form 99	0, Part X, line 15	(b) Book value
al (Col. (b) must equal Form 990, Pa art IX Other Assets. Complete if the organiz	zation answered "Yes"		ine 11d See Form 99	0, Part X, line 15	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form Part X Complete if the organiz (a) Descr (1) Federal income taxes (2) CREDIT CARD PA (3) (4) (5)	22ation answered "Yes" (a)	Description	ine 11e or 11f See Fo (b) Book value	orm 990, Part X, line	
al (Col. (b) must equal Form 990, Pa art IX Other Assets. Complete if the organiz (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form art X Other Liabilities. Complete if the organiz (a) Descr (1) Federal income taxes (2) CREDIT CARD PA (3) (4) (5) (6)	22ation answered "Yes" (a)	Description	ine 11e or 11f See Fo (b) Book value	orm 990, Part X, line	
al (Col. (b) must equal Form 990, Pa art IX Other Assets. Complete if the organiz (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form (a) Descr Complete if the organiz (a) Descr (1) Federal income taxes (2) CREDIT CARD PA (3) (4) (5) (6) (7)	22ation answered "Yes" (a)	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	
(1) (2) (3) (4) (5) (a) (b) (b) (a) (b) (a) (a) (b) (b) (c) 224tion answered "Yes" (a) 990 Part X col. (B) line 224tion answered "Yes" ription of liability YABLE	Description 2.15.) on Form 990, Part IV, I	ine 11e or 11f See Fo (b) Book value	orm 990, Part X, line		

Sche	dule D (Form 990) 2018 CAN'D AID		46-3692 <u>906 Page</u> 4
	t XI Reconciliation of Revenue per Audited Financial States	ments With Revenu	
Ц	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
ь	Donated services and use of facilities	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 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	. 5
Рa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	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 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	,
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·	5
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b, F	Part V, line 4, Part X, line 2, Part XI,
lınes	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	additional information	
	,		
			•
			
		· · · · · · · · · · · · · · · · · · ·	

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Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization							ntification number
CAN'D A	ID					46-3692	906
Part I Fundraising Activities required to complete this par	Complete if the organization answert	red "Y	es" or	n Form 990, Part IV, I	ine 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations	sed funds through any of the followin e Solicita	tion of tion of	non-g gover	overnment grants nment grants			
2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				,			
Total			<u> </u>				
3 List all states in which the organization or licensing	on is registered or licensed to solicit of	ontribi	utions	or has been notified	ıt ıs e	exempt from reg	gistration
						<u>.</u> .	
							
						·	
				·	_		

		of fundraising event contributions and gro	•	·		·
			(a) Event #1	(b) Event #2	(c) Other events	
			GRIP, SIP,		` '	(d) Total events
			AND GIVE	50K ULTRA	3	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
nue						
Revenue	1	Gross receipts	22,679.	9,607.	24,971.	57,257.
	2	Less Contributions	8,882.	6,374.	0.	15,256.
	3	Gross income (line 1 minus line 2)	13,797.	3,233.	24,971.	42,001.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Orect Ex	7	Food and beverages	191.	377.		568.
	8	Entertainment			1	
	9	Other direct expenses	16,233.	4,824.	5,030.	26,087.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	26,655.
		Net income summary Subtract line 10 from li		<u> </u>	.	15,346.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	I	I do Dollarka (astas)		(-0 T-4-1 /
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
eve!						
	1	Gross revenue				-
es	2	Cash prizes			;	
Direct Expenses	3	Noncash prizes				
Direct 1	4	Rent/facility costs				
	5	Other direct expenses				
		Otto: Circo Circo	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No No	
	7	Direct expense summary Add lines 2 through	5 in column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>	
9	Ent	er the state(s) in which the organization condu	cts gaming activities _			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "l	No," explain		· · · · · · · · · · · · · · · · · · ·		
	_				 	
		re any of the organization's gaming licenses re			ear?	Yes No
D	11	Yes," explain				
					·	
	_				·	

Scn	edule G (Form 990 or 990-EZ) 2018 CAN D AID 4	0-3	092900	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	,	13a	%
b	An outside facility	Į	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	it		
С	If "Yes," enter name and address of the third party			
	Name			
	Address >			
16	Gaming manager information			
	Name		•	
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions '			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
-	organization's own exempt activities during the tax year > \$			
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), an	ıd Part	III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		,,	,,
				•
			_	

Schedule G	(Form 990 or 990-EZ)	CAN'D AID	46-3692906	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Inform	nation (continued)		
	оприняти пост	(Continued)	···-	
	1000	· · · · · ·		
				
			•	
			<u> </u>	
•				
		•		
	····			
				
	-			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number 46-3692906

2 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? CAN'D AID Parti

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

Part II Grants and Other Assistance to Domestic Organizations and I	Domestic Organiz	ations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additio	onal space is neede	þ			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ECOLOGY CENTER							
32701 ALIPAZ ST.							CRUSH IT CRUSADE
SAN JUAN CAPISTRANO, CA 92675	94-1703351	501(C)(3)	5,000.	0			RECYCLING GRANT
ADDITION TO AND A							
CIII OF AMILAMUA 3401 EVALINE		-					
HAMTRAMCK, MI 48212	38-6004617		13,100.	0			GENERAL COMMUNITY SUPPORT
BEREA ARTS COUNCIL							•
444 CHESTNUT ST,							CRUSH IT CRUSADE
BEREA, KY 40403	61-1107548	501(C)(3)	6,240.	0.			RECYCLING GRANT
BCO-CVCI.E							
6400 ARAPAHOE AVE							CRUSH IT CRUSADE
BOULDER, CO 80303	84-0730811	501(C)(3)	6,000.	0.		•	RECYCLING GRANT
BLUE SKY BKIDGE 2617 IRIS HOLLOW PL				•			TO SUPPORT THE BUILDING
BOULDER, CO 80304	84-1305384	501(C)(3)	. 25,000.	0.			OF STRONG COMMUNITIES
CITY OF BREVARD							
95 w main street				,		_	
BREVARD, NC 28712	56-6001186		10,000.	0.			GENERAL COMMUNITY SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				.7.

832101 11-02-18

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

40-3034300 Fade 1

Schedule I (Form 990) CAN ' DAID Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Gov		Organizations in the United States		(Schedule I (Form 990), Part II)		46-3692906 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSQUABI 5127 ELM CT DENVER, CO 80221	45-3791661	501(C)(3)	10,000.	.0			TUNES EMERGING ARTIST GRANT
GREAT PARKS OF HAMILTON COUNTY 10245 WINTON RD CINCINNATI, OH 45231	31-1298738	501(C)(3)	7,446.	.0		:	CRUSH IT CRUSADE RECYCLING GRANT
JUNETEENTH MUSIC FESTIVAL PO BOX 460454 GLENDALE , CO 80246	,		10,186.	.0			CRUSH IT CRUSADE RECYCLING GRANT
RUSS LIQUID MUSIC 2103 GENERAL TAYLOR NEW ORLEANS, LA 70115	81-4715030	·	6,500.	0			TUNES EMERGING ARTIST GRANT
TROUT STEAK REVIVAL 455 SHERMAN STREET DENVER, CO 80203	45-4419613		10,000.	.0			TUNES EMERGING ARTIST GRANT
JARED AND THE MILL 4150 N 35TH PL PHOENIX, AZ 85018	46-3302303		5,500.	0			TUNES EMERGING ARTIST GRANT
PERRIN BREWING CO. 5910 COMSTOCK DR NE COMSTOCK PARK, MI 49321	47-3406897		5,304.				TUNES EMERGING ARTIST GRANT
SUNSQUABI 5127 ELM CT DENVER, CO 80221	45-3791661 501(C)(3)	501(C)(3)	. 10,000.	.0			TUNES EMERGING ARTIST GRANT
							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance FITLE 1 PUBLIC SCHOOL MUSIC NEW INSTRUMENTS DONATED TO 46-3692906 PROGRAMS (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed 82,490, FMV (d) Amount of non-cash assistance ٥. (c) Amount of cash grant 8400 (b) Number of recipients NEW INSTRUMENTS PUCHASED FOR TITLE 1 SCHOOL MUSIC PROGRAMS, HANDS-ON MUSIC WORKSHOPS AND EMERGING CAN'D AID (a) Type of grant or assistance Schedule I (Form 990) (2018) ARTIST GRANTS 832102 11-02-18 Part III

SCHEDULE J (Form 990)

Compensation Information

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

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

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

➤ Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CAN'D AID

Employer identification number 46-3692906

	att Questions regarding compensation			,
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			,
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		′	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			•
			[
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
			-	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		•	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			
	Independent compensation consultant - Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			,
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		•	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		ļ	
а	The organization?	5a		X
b	Any related organization?	5b	<u> </u>	X
	If "Yes" on line 5a or 5b, describe in Part III	,		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		ļ	
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 69 if "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred	- benefits	(B)(I)(D)	
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation			de o
	Ξ							
	Ξ							
	ε							
	(ii)							
	(i)							
	(E)							
	Θ							
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	ε							
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	Ξ							
	(ii)							
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	(i)							
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	<u>(i)</u>			1		•		
	Ξ							
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	Ξ							
	Ξ							
	(ii)							
	Ξ							
	3							
, 832112 10-26-18							Sched	Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization

CAN'D AID

Employer identification number 46-3692906

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EFFORTS NATIONWIDE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TOWNS PROGRAM - BUILDING STRONG COMMUNITIES IS AT THE HEART+ SOUL OF
CAN'D AID. THROUGH OUR TOWNS PROGRAM, WE PARTNER WITH OTHER COMPANIES
TO CAN, SHIP AND DISTRIBUTE CLEAN DRINKING WATER TO COMMUNITIES IN NEED
POST DISASTER. WE HAVE RESPONDED TO 27 NATURAL DISASTERS AND SHIPPED
1.6 MILLION CANS OF WATER SINCE OUR INCEPTION.
EXPENSES \$ 90,994. INCLUDING GRANTS OF \$ 94,530. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:
DALE KATECHIS, ANITA GRAY, JASON ROGERS, AND CHAD MELIS HAVE A BUSINESS
RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B:
CAN'D AID DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF
OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWS INITIAL DRAFTS AND THEN PROVIDES THE BOARD
OF DIRECTORS A COPY TO REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND DETERMINED ANNUALLY
RY THE BOARD OF DIRECTORS.

Name of the organization CAN 'D AID	Employer identification number $46-3692906$
FORM 990, PART VI, SECTION C, LINE 19:	
CAN'D AID MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUES	T.
· · · · · · · · · · · · · · · · · · ·	
	- · · · - · · · · · · · · · · · · · · ·
-	
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832212 10-10-18

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