DLN: 93493133020059 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable EDUCATION FOUNDATION FOR OC SCHOOLS ☐ Address change C/O SCHOOLSFIRST FEDERAL CREDIT UNION 75-3115166 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 2115 NORTH BROADWAY ☐ Application pending (714) 466-8400 City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA $\,\,$ 927062613 $\,\,$ G Gross receipts \$ 238,065 Name and address of principal officer H(a) Is this a group return for KRISTIN CRELLIN □Yes ☑No subordinates? 2115 NORTH BROADWAY H(b) Are all subordinates <u>ANTA ANA, CA</u> 92706 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SCHOOLSFIRSTFCU ORG/EFFOCS L Year of formation 2003 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION GIVE GRANTS TO TEACHERS IN ORANGE COUNTY TO USE IN THEIR CLASSROOMS FOR CORE CURRICULUM THERE IS ONE LARGE FUNDRAISER ANNUALLY Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 7 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 142,583 196,554 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 996 1,423 -10,415 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -23,282 174,695 133,164 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 124,501 129,890 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,875 5,335 127,376 135,225 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,788 19 Revenue less expenses Subtract line 18 from line 12 . 39,470 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 158,575 200,588 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 200.588 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-13 Signature of officer Sign Here KRISTIN CRELLIN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-05-07 P00099878 Paid self-employed Firm's name ► ALMICH & ASSOCIATES Firm's EIN > 33-0526284 Preparer Use Only Firm's address ► 26463 RANCHO PARKWAY SOUTH Phone no (949) 600-7550 LAKE FOREST, CA 92630 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (2018)					Page 2
Pa	t III Statement o	of Program Service	Accomplis	hments		
	Check if Schedi	ule O contains a respor	se or note to	any line in this Part III .		🗹
1	Briefly describe the or					
EDUC PROG	ATION & SCHOOLSFIRS	ST FEDERAL CREDIT UI CORE CURRICULUM TH	NION, IS A NO HESE GRANTS	N-PROFIT ORGANIZATI ENABLE LOCAL TEACHE	N 2003 BY THE ORANGE COUNTY DE ON THAT PROVIDES GRANTS FOR E RS TO PURCHASE OR CREATE MATE	DUCATIONAL
2	Did the organization u	ndertake any significar	ıt program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe these					
3	Did the organization co	ease conducting, or ma	ike significant	changes in how it condu	icts, any program	
	services?	e changes on Schedule				🗌 Yes 🗹 No
4	Section 501(c)(3) and		ns are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	
4a	(Code) (Expenses \$	135,225	including grants of \$	129,890) (Revenue \$	174,695)
	See Additional Data		,			, ,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Schedul	۵			
	(Expenses \$	•	ding grants of	\$) (Revenue \$)
40	Total program servi		135,2	·	· · ·	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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le -				
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	Charletist of Paguired Schodules (continued)			rage 4
Ра	Checklist of Required Schedules (continued)		. 1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	No No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a husiness transaction with one of the following parties (see Schedule I. Part IV			
<u>, §.</u>				
i .	-			
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j				

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2a	Tax S	r the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered by return	2a		0	
ь		least one is reported on line 2a, did the organization file all required federal employ			2b	
2-		e.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (s		•	3-	No
		he organization have unrelated business gross income of \$1,000 or more during th	•		3a	No
		es," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation</i>			3b	
4a		ny time during the calendar year, did the organization have an interest in, or a sign <u>icial account in a foreign country (such as a bank account, securities account, or ot</u>			4a	No
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1_	_					
. 4	<u> </u>					
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in	contu	nction with a land-grant o	ollege or ur	niversity or a
-	Ш	non-land grant college of agriculture See instructions Enter the name, city, and				inversity of a
10	_	A		h		
10	Ш	An organization that normally receives (1) more than 331/3% of its support from from activities related to its exempt functions—subject to certain exceptions, and				
		investment income and unrelated business taxable income (less section 511 tax)				
11		30, 1975 See section 509(a)(2). (Complete Part III)	coctic	m E00(a)(4)		
	ᆜ	An organization organized and operated exclusively to test for public safety. See				
12		An organization organized and operated exclusively for the benefit of, to perform more publicly supported organizations described in section 509(a)(1) or section in lines 12a through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d that describes the type of supporting organization and continuous through 12d through 12d that describes the type of supporting organization and continuous through 12d	n 509	(a)(2). See section 509	9(a)(3). Ch	eck the box
1		In the Size through ize that describes the type of supporting organization and the size of the supporting organization operated curporused, or controlled by its curporused.	artad A	שיים איים איים איים איים איים איים איים	bu avana th	a cuprosted
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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI
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7 🗆	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-EZ) 2018

Form 990 (2)	
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
	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
	this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax
List all of compensar	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount tion Enter -0- in columns (D), (E), and (F) if no compensation was paid
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Part VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loye	es,	and I	ligh	nest Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than of	on (de	(C) o not ox, u in off tor/tr	che nles	eck pers and Highest	re on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ir trustee	nol Trustee		oyee oyee	compensated e				

	4) व्यास्त		

1b Sub-Total				>		
c Total from continuation sheets to Pa	art VII , Section	Α		▶		

		n continuation sheets to Part VII, Section A									
		ets to Part VII, Section A									
1b	Sub-Total						>				
c	Total from continuation sheets to Pa	art VII , Section	A				▶_				
d	Total (add lines 1b and 1c)						▶		0	0	0
2				e liste	ed a	bove	e) who	rec	eived more than \$	100,000	

c Total	Total	art VII , Section	Α				*		0	•	0		0
	al number of individuals (including eportable compensation from the			e liste	ed a	bove	e) who	rece	eived more than	\$100,00	0		
												Vac	No.

c ·	Sub-Total	art VII , Section	Α				*	1	0		0	I	0
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	≘) wh	o rece	eived more than	\$100,000			
												Yes	No
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1b S	1b Sub-Total															
c T	otal from continuation sheets to Pa	rt VII , Section	Α				▶									_
d T	otal (add lines 1b and 1c)						•			0		1	D		- 1)
2	Total number of individuals (including of reportable compensation from the c			e liste	ed ab	ove	e) who	rece	eived more	e than	\$100,000					
														Yes	No	-
3	Did the organization list any former o	officer, director	or truste	ee, ke	ey er	nplo	yee, c	or hig	ghest com	pensat	ed emplo	yee on				
	line 1a? If "Yes," complete Schedule J	for such individ	dual .		•	•		•				.	3		No	_

1b 9	ub-Total
c 1	otal from continuation sheets to Part VII, Section A
d Ţ	otal (add lines 1b and 1c)
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0
	Yes No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
	individual

a ·	otal (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	mundan	4		No

•	Total from continuation success to fact vit, section A 1 1 1 1 1			
ď	「otal (add lines 1b and 1c)	0		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

		•	1 110
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		Ne
i		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		

	individual	4		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		
Se	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year					

	services rendered to the organization? If "Yes," complete Schedule J for such person		5		No			
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A)	(B)		(C)				

- 56	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year								
	(A) (B) (C) Name and business address Description of services Compensation								

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

Part	VIII Statement of Revenue							rage 3
	Check if Schedule O contains a	respo	onse or note to any					🗆
				(A Total re		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campaigns	1a				revenue		312 314
ants unt	b Membership dues	1 b						
<u>5</u> 6	c Fundraising events	1c	163,518					
fts, ⊑A	d Related organizations	1d						
<u>5</u> : [2	e Government grants (contributions)	1e						
Sin	f All other contributions, gifts, grants, and similar amounts not included							
he të	above	1f	33,036					
풀등	g Noncash contributions included in lines 1a - 1f \$	14	.168					
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1f				106 FF4			
			Busines		196,554			
Program Service Revenue	2a							
a¥ Š	h	· 						
104	c ————	_						
<u>Ş</u>	d	_						
an	e							
ogr.	f All other program service revenue			I				
<u>~</u>	9Total. Add lines 2a-2f		<u> </u>	_		_		
	3 Investment income (including dividing similar amounts)			•	1,423	3		1,423
	4 Income from investment of tax-exe	mpt b	ond proceeds	▶				
	5 Royalties		1	<u> </u>				
	(ı) Real		(II) Personal	4				
	oa Gross rents							
	b Less rental expenses							
	c Rental income or			1				
	(loss)			_				
	d Net rental income or (loss) (i) Securit	les	(II) Other	+				
	7a Gross amount		(ii) delici	-				
	from sales of assets other							
	than inventory			_				
	b Less cost or other basis and							
	sales expenses C Gain or (loss)			1				
	d Net gain or (loss)			<u> </u>				
A \	8a Gross income from fundraising even (not including \$ 163,518							
ž.	contributions reported on line 1c)]					
eve	See Part IV, line 18 b Less direct expenses	a b	40,088 63,370	_				
ř. R	c Net income or (loss) from fundrais				-23,282	2		-23,282
Other Revenue	9a Gross income from gaming activiti							
U	See Part IV, line 19	а	}					
	b Less direct expenses	ь		\dashv				
	c Net income or (loss) from gaming	activit	ies · · •					
	10aGross sales of inventory, less returns and allowances							
		а	1					
	${f b}$ Less cost of goods sold $\ . \ .$	b						
	c Net income or (loss) from sales of	ınvent						
	Miscellaneous Revenue		Business Code	-				
	== n							
	b							
	c							
	d All other revenue						1	
	e Total. Add lines 11a-11d		•					
	12 Total revenue. See Instructions				174 605		0	0 21.050
					174,695	<u>′1</u>	<u> </u>	0 -21,859 Form 990 (2018)

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	Statement of Functional		anti-mana All athan an			
Section	on $501(c)(3)$ and $501(c)(4)$ organization Check if Schedule O contains a re					
Do r	not include amounts reported on line		(A)	(B)	(C)	(D)
Б0.	not melade amounts reported on mic	3 00,	(A)	Program=contrac	Management and	4 I. (D)
•						
	••					
	<i>h</i>),	_				
1 6 3						
14	Enter the name and address of the per	son who prepares the	e organization's gami	ng/special events boo	oks and records	
	Name •					
	Address >					
15a	Does the organization have a contract revenue?	with a third party fro	m whom the organiz	ation receives gaming	9	
b	If "Yes," enter the amount of gaming re	evenue received by t	the organization ▶ \$		and the	☐ Yes ☐ No
_	amount of gaming revenue retained by	•				
С	If "Yes," enter name and address of the	third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$					
	Ψ					
	Description of services provided ►					
	☐ Director/officer	☐ Employee	Ц	Independent contrac	tor	
17	Mandatory distributions					
а	Is the organization required under state	e law to make charit	able distributions from	n the gaming proceed	ds to	
Ь	retain the state gaming license? Enter the amount of distributions requi	red under state law (distributed to other e	xempt organizations	or spent	☐ Yes ☐ No
b	in the organization's own exempt activi			Achipe organizations (o, spent	
Par	t IV Supplemental Informatio					
	III, lines 9, 9b, 10b, 15b, 1	oc, 10, and 170, a	s applicable. Also	•	niai iniormation	. See instructions.
	Return Reference			Explanation	Schedule G (Fo	orm 990 or 990-EZ) 2018

31

32

33

34

Net

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

		beginning or year		End of year
1	Cash-non-interest-bearing	158,575	1	200
2	Savings and temporary cash investments		2	
2	Diadace and grante recovable not		-	

3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and		

contributing employers and sponsoring organizations of section 501(c)(9)6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other

10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments-program-related See Part IV, line 11

14 14 Intangible assets 15 Other assets See Part IV, line 11 . 15

158.575 16 17 18 19

> 31 32

> 33

34

200,588

200,588

Form **990** (2018)

158,575

158,575

Page **11**

16 Total assets.Add lines 1 through 15 (must equal line 34) . 200.588 17 Accounts payable and accrued expenses 18 Grants payable . . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and complete lines 27 through 29, and lines 33 and 34.

0 158.575 200.588 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets

Fund Balances 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here > \quad \text{and complete lines 30 through 34.} Assets or 30 Capital stock or trust principal, or current funds 30

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2018)				Page 12
Pa	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			174,695
2	Total expenses (must equal Part IX, column (A), line 25)	2			135,225
3	Revenue less expenses Subtract line 2 from line 1	3			39,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			158,575
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 0)	9			2,543
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			200,588
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

Additional Data

Software ID:

Software Version:

Name: EDUCATION FOUNDATION FOR OC SCHOOLS

THE FOUNDATION AWARDS GRANTS TO TEACHERS CHOSEN THROUGH A GRANT-APPLICATION PROCESS. THESE GRANTS ENABLE LOCAL TEACHERS TO PURCHASE OR CREATE MATERIALS FOR PROGRAMS THAT INSPIRE STUDENTS' DESIRES TO EXCEL IN CORE SUBJECTS.

Form 990, Part III, Line 4a:

Form 990 (2018)

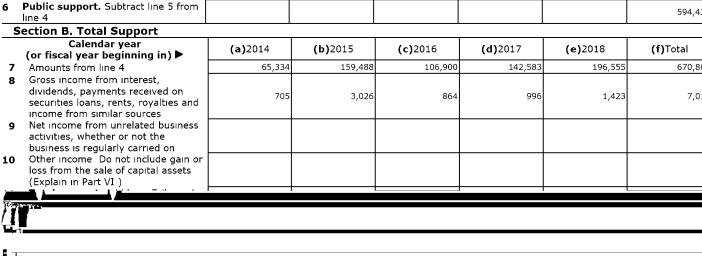
C/O SCHOOLSFIRST FEDERAL CREDIT UNION

EIN: 75-3115166

efi	e GR	APHIC pri	nt - DO NOT PROCESS	As Filed Data -		DLN:	93493133020059	
SCHEDULE A (Form 990 or 990EZ) Department of the Treasury Internal Revenue Service			Complete if the or ► Go to <u>I</u>	ganization is a secti 4947(a)(1) nonexe Attach to Form 9	s and Public Suppo on 501(c)(3) organization or mpt charitable trust. 90 or Form 990-EZ. 90 for the latest information.	a section	OMB No 1545-0047 2018 Open to Public Inspection	
EDUC	ATION F		ition FOR OC SCHOOLS AL CREDIT UNION			Employer identif	fication number	
	rt I				must complete this part.) S	See instructions.		
_	organiz —		a private foundation because	•	- , , ,			
1	Ш		·		escribed in section 170(b)(1)	(A)(I).		
2		A school de	escribed in section 170(b)(1	L)(A)(ii). (Attach Sch	edule E (Form 990 or 990-EZ))			
3		A hospital o	or a cooperative hospital serv	rice organization descri	bed in section 170(b)(1)(A)(i	iii).		
4		A medical r name, city,		ed in conjunction with a	a hospital described in section 1	L70(b)(1)(A)(iii).	Enter the hospital's	
5		(b)(1)(A)	(iv). (Complete Part II)	-	sity owned or operated by a gov		cribed in section 170	
6		A federal, s	state, or local government or	governmental unit des	cribed in section 170(b)(1)(A)(v).		
7	✓	section 17	70(b)(1)(A)(vi). (Complete	Part II)	support from a governmental u	nit or from the gen	eral public described in	
8			ity trust described in section					
9					(A)(ix) operated in conjunction he name, city, and state of the c			
10 11 12		from activition investment 30, 1975 S An organiza	ties related to its exempt fund t income and unrelated busine See section 509(a)(2). (Cor ation organized and operated ation organized and operated	ctions—subject to certa ess taxable income (les mplete Part III) exclusively to test for exclusively for the bel escribed in section 50	of its support from contribution ain exceptions, and (2) no more as section 511 tax) from busines public safety. See section 509 nefit of, to perform the functions 19(a)(1) or section 509(a)(2)	than 331/3% of its sees acquired by the (a)(4).	support from gross e organization after June the purposes of one or	
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Page 2

_	(b)(1)(A)(ix)	organizacions i	bescribed in 5	ections 170(D))(±)(A)(IV), ±	/O(D)(T)(A)(VI), and 170
	(Complete only if you che	ecked the box or	n line 5, 7, 8, or	9 of Part I or If	the organizatio	n failed to quali	fy under Part
	III. If the organization fa		, , ,		_	•	,
_	Section A. Public Support	no to quam, and		<u> </u>	<u> </u>		
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(u) 2017	(6) 2013	(6) 2010	(u) 2017	(6) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	65,334	159,488	106,900	142,583	196,555	670,860
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	65,334	159,488	106,900	142,583	196,555	670,860
5	The portion of total contributions by						
_	each person (other than a						
	governmental unit or publicly						76 400
	supported organization) included on						76,423
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						594,437
_	Section B. Total Support	•	•	'	•	'	
	Calendar year	(-)2014	(F)201E	(-)201 <i>6</i>	(4)2017	(-)2010	(f)T-1-1
	(or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	65,334	159,488	106,900	142,583	196,555	670,860
8	Gross income from interest,						
	dividends, payments received on	705	2 026	864	996	1 422	7.014
	securities loans, rents, royalties and	/03	3,026	004	990	1,423	7,014
	income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Evolain in Part VIII)						



Р	Support Schedule for							
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
- C	the organization falls to	quality under t	ne tests listed	pelow, please co	omplete Part II.)		
30	Calendar year		43.50/5		413.004-		(0) =	
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions,							
_	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose Gross receipts from activities that are							
3	not an unrelated trade or business							
	under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
36	ection B. Total Support Calendar year		I	I	1		1	
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
b	income from similar sources Unrelated business taxable income							
D	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12								
	loss from the sale of capital assets							
	(Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	r the organization	ı ı's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganization,	
	check this box and stop here	3	, ,	, ,	,	. , , ,	• □	
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>	
15	Public support percentage for 2018 (lin			column (f))		15		
16	Public support percentage from 2017 S					16		
	ection D. Computation of Investi					1 '- 1		
17	Investment income percentage for 201			line 13, column (f	·))	17		
18	Investment income percentage from 2	•			••	18		
	331/3% support tests—2018. If the		•	on line 14, and lin	ne 15 is more than		ne 17 is not	
							► □	
	more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the							
b	· · · · · · · · · · · · · · · · · · ·	-			•		_	
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_	
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □	

	art IV Supporting Organizations (continued)			age :
	Supporting Organizations (continued)		Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?		ies	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
٠	governing body of a supported organization?	11a		
ŀ	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
_	rection of Type 2 supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	NO
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test. Complete line 2 below	-		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	ı
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	21:		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
د	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	 b Did the organizations? If "Yes," describe in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	36		
		, 4h		

	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganı	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

chedule A (Form 990 or 990-EZ) 2018							Page 7
Part V Type III Non-Functionally Integrat	ed 509(a)(3) Supporting (Organiza	ations (continue	ed)			
Section D - Distributions				Cı	ırrent \	ear/	
1 Amounts paid to supported organizations to accompli	sh exempt purposes						
2 Amounts paid to perform activity that directly further excess of income from activity	s exempt purposes of supported	organızatı	ons, in				
3 Administrative expenses paid to accomplish exempt	ourposes of supported organization	ons					
4 Amounts paid to acquire exempt-use assets	· · · · · · ·						
5 Qualified set-aside amounts (prior IRS approval requ	ıred)						
6 Other distributions (describe in Part VI) See instruc							
,	LIOTIS						
 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to details in Part VI) See instructions 	which the organization is respons	sive (provi	de				
9 Distributable amount for 2018 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions		(ii) rdistributions Pre-2018	-	(iii) istribu ount fo	table	
1 Distributable amount for 2018 from Section C, line				7	<u> </u>		
6 2 Underdistributions, if any, for years prior to 2018							
reasonable cause required explain in Part VI) See instructions							
3 Excess distributions carryover, if any, to 2018							
a From 2013							
b From 2014							
c From 2015							
d From 2016							
e From 2017							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2018 distributable amount							
Carryover from 2013 not applied (see	l			l			
Section A. Governing Body and Managemen	t						
			•	_	Y	es	No
1a Enter the number of voting members of the governi	ng body at the end of the tax yea	ar la		6			
If there are material differences in voting rights am body, or if the governing body delegated broad auth similar committee, explain in Schedule O		or					
b Enter the number of voting members included in lin	e 1a, above, who are independen	1 b		6			
2 Did any officer, director, trustee, or key employee hofficer, director, trustee, or key employee?	nave a family relationship or a bus	siness rela	tionship with any o		2		No
3 Did the organization delegate control over manager of officers, directors or trustees, or key employees to				rvision	3		No
4 Did the organization make any significant changes t	o its governing documents since	the prior F	orm 990 was filed?	· . [4		No
5 Did the organization become aware during the year	of a significant diversion of the o	rganizatio	n's assets? .		5		No
6 Did the organization have members or stockholders	,			.	6		No
7a Did the organization have members, stockholders a	or other persons who had the pow	ver to elec	t_or appoint one or	more	\neg		

Additional Data Software ID: Software Version: EIN: 75-3115166 Name: EDUCATION FOUNDATION FOR OC SCHOOLS C/O SCHOOLSFIRST FEDERAL CREDIT UNION Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Page 8

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Section B. Policies	s (This Section B request	s information about	policies not required by the Inte	
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Par	than \$15,000 of fundraising egross receipts greater than \$	event contributions and g			
$\overline{}$	gross receipes greater than \$				6D. List events with
0		(a)Event #1 GOLF TOURNAMENT (event type)	(b) Event #2	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	203,606			203,606
"	2 Less Contributions	163,518			163,518
	3 Gross income (line 1 minus line 2)	40,088			40,088
	4 Cash prizes				
ر ر	5 Noncash prizes	5,050			5,050
benses	6 Rent/facility costs	16,560			16,560
8	7 Egod and heverages	17 750			17 750
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Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming? Indicate the percentage of gaming activity conducted in The granulation's familiar List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Roy 5 of Form W-2 and/or Roy 7 of Form 1099-8/ISC) of more than \$100,000 from the	Sche	edule G (Form 990 or 990-EZ) 2018	Page 3
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? 13 Indicate the percentage of gaming activity conducted in [13a] Tep programshoole facility. 13a Tep programshoole facility. 14a 76 15a List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Rov S of Form W-2 and/or Rov 7 of Form 1099-MISC) of more than \$100,000 from the	11	Does the organization conduct gaming activities with nonmembers?	
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Schedule I (Form 990) 2018

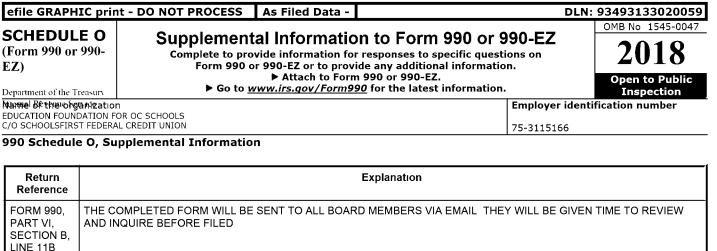
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(7)

Part IV

Return Reference

Explanation



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, ALL DOCUMENTS ARE AVAILABLE IN THE EXECUTIVE DIRECTORS OFFICE
PART VI,
SECTION C.

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 9

FORM 990, PRIOR PERIOD ADJUSTMENT BASED ON GRANT DISTRIBUTIONS 2,543
PART XI,