Department of the Treasury Internal Revenue Service

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1/16	1	_						

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No 1545-0047 2018

Open to Public Inspection

Α	For the 2	018 calendar year, or tax year beginning July 1 , 2018, and	d ending	June 30		, 20 19
В	Check if a	plicable C Name of organization Voluntary Interdistrict Choice Corporation		D En	nployer	Identification number
	Address c	ange Doing business as				43-1853926
$\Box$	Name cha	Note that the state of the stat	Room/suite	E Te	lephone	number
$\overline{\Box}$	Initial retur	· .	110		3	314-721-8422
$\exists$	Final return					
Ħ	Amended			<b>G</b> Gr	oss rece	eipts \$
H			H/a) la			bordinates? Yes Vo
ш	Application	7425 Forsyth Blvd., Suite 110, St. Louis, MO 63105				ncluded? Yes No
_	T					st (see instructions)
-	Tax-exem Website:		<del></del>	Group exem		•
<u></u>						f legal domicile. MO
	art !	Summary	or iorination	1999   111	State of	riegar dorniche. IVIO
		riefly describe the organization's mission or most significant activities:	VICC is commi	itted to be	ulding	relationshins
ø	1	· · ·				Teladonstilps,
Governance		romoting diversity and providing choice while enriching lives through qualit	y educational e	xperience	£5.	
Ē		ee details on how this is accomplished on Schedule O, item 1.		than 250	/ of th	
ove		heck this box $\blacktriangleright$ if the organization discontinued its operations or disp			3	
Ğ	1	umber of voting members of the governing body (Part VI, line 1a)				13
ŝ		umber of independent voting members of the governing body (Part VI, li			4	13
įţį.	1	otal number of individuals employed in calendar year 2018 (Part V, line 2		P	5	10
Activities &		otal number of volunteers (estimate if necessary)			6	30
⋖	1			· ·	7a	0
_	b	et unrelated business taxable income from Form 990-T, line 38		· · ·	7b	0 Current Year
				lor Year		
ē		1	. <u>-!                                   </u>	,		46,069,397
en		rogram service revenue (Part VIII, line 2g)	· ·		,870	559,796
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	OCT 28 201		,950	279,675
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and [∰e)	· ·	18	0	0
_		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A),-line		A7,079		46,908,868
	13 (	rants and similar amounts paid (Part IX, column (A), lines 1–3) $\cdot$ . $\cdot$ . $\cdot$ .	ال:ال = الا, ل	29,022 ر	,133	27,598,019
	14 E	enefits paid to or for members (Part IX, column (A), line 4)			0	0
S	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)	497	7,773	491,416
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)			0	0
ğ	b 7	otal fundraising expenses (Part IX, column (D), line 25) ▶				., ., .
Ü	17 (	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[	19,665	,137	19,523,925
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,167	,043	47,613,360
	19 F	evenue less expenses. Subtract line 18 from line 12	[	-2,087	,066	-704,492
P S			Beginning	of Current	Year	End of Year
Assets or Balances	20 7	otal assets (Part X, line 16)	🗆	3,861	1,520	3,157,028
Ass	21 7	otal liabilities (Part X, line 26)			0	0
Net A	22 1	et assets or fund balances. Subtract line 21 from line 20		3,861	,520	3,157,028
	art II	Signature Block	•			
Un	nder penalti	es of perjury, I declare that I have examined this return, including accompanying schedules a	and statements, an	nd to the be	st of my	knowledge and belief, it is
tru	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.	•	
		Set ( Seller)		10	1/15	12019
Sig	gn	Signature of officer		Date		
He	re	David S. Glaser CEV				
		Type or print name and title				
_	• •	Print/Type preparer's name Preparer's signature	Date			PTIN
Pa					neck [ lf-emplo	
	eparer	Firm's name		Firm's Ell		·
US	se Only	, ·	<u> </u>			
Ma	v the IPS	Firm's address ► discuss this return with the preparer shown above? (see instructions)	<del></del>	Phone no	<del>,</del>	Yes No
			0-1 11	· · ·	<del>· · ·</del>	Form <b>990</b> (2018)
rof	raperw(	rk Reduction Act Notice, see the separate instructions.	Cat No 11282'	Y		rorm 330 (2018)

Part	V 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	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		✓.
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		✓
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		<b>✓</b>
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>√</b>
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		✓
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		<b>√</b>
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		1
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		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<b>✓</b>
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		1
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		<b>✓</b>
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	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		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? If "Yes," complete Schedule J	23	<b>✓</b>	
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		✓
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		<u> </u>
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		1
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		1
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗸
<del></del>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		,	r
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	**
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	·

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		[markete c	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	· · · · · · · · · · · · · · · · · · ·	2b		25742
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	発売った	EX
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i Pini	<u> </u>
3a 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		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<del>                                     </del>		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	2.1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1.11	25.5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? :	5a		<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>-</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<b> </b>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			S TOU
· 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		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
a	required to file Form 8282?	200	200	547
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	شتتند	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
h'	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		近近	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	巡	建設	H
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7000 17 - 4
10	Section 501(c)(7) organizations. Enter:	100		1
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:  Gross income from members or shareholders	<b>公</b> 公	20	
а		14.5		经经
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	13.00	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	******	2
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	心法	1243	52:5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	182		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		M.	20530
b	Enter the amount of reserves the organization is required to maintain by the states in which		N.	N. V.
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	12.1	11.15	經濟
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	}		_
	excess parachute payment(s) during the year?	15		<b>√</b>
	If "Yes," see instructions and file Form 4720, Schedule N.	100	1200	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	F 5	<b>V</b>
	If "Yes," complete Form 4720, Schedule O.	が経	3345	i iii

	90 (2018)			Page O
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year   1a   13		res	NO
1a		1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			· '
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13			'
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		, 
	any other officer, director, trustee, or key employee?	2	1	1
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		1
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	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	,	
	one or more members of the governing body?	7a	<b>✓</b>	
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		1
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		<del>                                     </del>
8	the year by the following:			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		,	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		
	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	Ì	L.,	
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		١,	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	- 1		
	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None required			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)	Г (Sec	tion !	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
20	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 re	cords	<b>•</b>	
	David Glaser & Lisa Gray, 7425 Forsyth Blvd., Suite 110, St. Louis, MO 63105, (314)721-8422			

Orm	990	(2018)	

Form **990** (2018)

# 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	<u>.</u> $\square$
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 no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any curren	t officer, director	r, or trustee.
					C)					
(A)	(B)	ļ ,,, ,	4 _ 1.		ition			(D)	(E)	(F)
Name and Title	Average					than c is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	irect	or/trust	ee)	compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Insi	Officer	6	em	Former	the	organizations	compensation
	related	direct.	Institutional trustee	ē	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	학	ona		B	မီ ဝူ		(w-2/1099-MISC)		organization and related
	line)	rust	2		)ee	npe				organizations
		%	st ee			Highest compensated employee				
· · · · · · · · · · · · · · · · · · ·	<u> </u>		┢	-	┝	ă				
(1) Dr. Kevin Carl	1									1
Board President		✓		✓				-0-	-0-	-0-
(2) Mr. Ron Tucker										<u>-</u> .
Board Vice-President		✓		✓				-0-	-0-	-0-
(3) Dr. Travis Bracht										
Director		✓						-0-	-0-	0-
(4) Dr. Brian Lane										
Director		✓						-0-	-0-	-0-
(5) Dr. Sean Doherty										
Director		✓						-0-	-0-	-0-
(6) Dr. Michele Condon										
Director `		<u> </u>	_		_			-0-	-0-	-0-
(7) Dr. Chris Gaines								ļ		
Director	<u> </u>	<u> </u>	_			L		-0-	-0-	-0-
(8) Dr. Keith Marty										
Director	<u> </u>	✓						-0-	-0-	-0-
(9) Dr. Eric Knost								]		
Director	<u> </u>	<b>✓</b>			_			-0-	-0-	-0-
(10) Dr. Kelvin Adam										
Director	ļ	1						-0-	-0-	-0-
(11) Mr. Don Bohannon										
Director	_	✓						-0-	-0-	-0-
(12) Dr. David Knes										
<u>Director</u>		✓			_	L		-0-	-0-	-0-
(13) Dr. John Simpson										
Director	1	✓	$\sqcup$	_	_	L		-0-	-0-	-0-
(14) Mrs. Lisa Gray								İ		
Secretary	1	L	L	✓_				68,721.54	-0-	14,345.44

Part	VII Section A. Officers, Directors, Trust	lees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (conti	inued)	
		•			•	2)						
	(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)	(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimate amount	
		hours per week (list any		_			or/trust	<del></del>	compensation from	compensation from related	other	OI .
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee		Forme	the	organizations	compensa	
		related organizations	irec V	Ē	Ger	en en	iest	g	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from th organizat	
		below dotted	학교	onal		용	# S		1(11-2) 1033-111100)		and relat	
		line)	uste	Ę		ee	per				organizatı	ons
			ď	stee			Highest compensated employee		1			
(15) A	Ar. David Glaser	-				_	<u> </u>				<del> </del>	
3	Executive Officer				<b>✓</b>				-0-	-0	)-	-0-
(46)												
		ļ			_			ļ.,,	· · · · · · · · · · · · · · · · · · ·			<del></del>
(17)			1									
(18)								-				
3			1		<u> </u>				~			,
(19)												
(00)			<b> </b> -	-			<u> </u>			<u> </u>	_	
(20)		ļ	1				]					
(21)			<del> </del>	-							<del></del>	
3=.12			1									
(22)												
(23)							<del></del>	-			<del>                                     </del>	
32				ļ								
(24)			ļ	ł								
(0.5)		<del> </del>	-	<u> </u>	<del> </del>		<b> </b>	-		<u> </u>		
(25)		<del> </del>	1	ł				ĺ		,		
1b	Sub-total		<del>'</del>	٠	<u>.                                    </u>			<b></b>				
С	Total from continuation sheets to Part							▶				
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<b></b>	68721	<u> </u>	1434	5
2	Total number of individuals (including bu		d to th	nose	e list	ted	above	e) w	ho received m	ore than \$100,0	000 of	
	reportable compensation from the organ	ization ►										- 1 11-
_	District the second control of			4							Ye	s No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	ployee, or nigr	iest compensai	. 3	7
4	For any individual listed on line 1a, is the							n a	nd other com	ensation from	<del></del>	A 4 5 5 1
7	organization and related organizations											, ;
	individual	<i></i> .									. 4	1
5	Did any person listed on line 1a receive of									zation or indıvid	1	
	for services rendered to the organization	? If "Yes," o	comp	lete	Sch	nedi	ıle J f	for s	such person	<u> </u>	. 5 ✓	
	on B. Independent Contractors											
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than \$1	100,000 of	tav
	compensation from the organization. Repear.	port compe	nsau	on i	or u	ie c	aleno	iar y	year ending wi	in or within the	organization s	lax
	(A)							Г	(B)		(C)	
	Name and business add	dress							Description of s	services	Compensatio	n
Missoi	uri Central School Bus LLC							Stu	dent transport	ation	14	,943,715
St. Lou	us County Cab							Stu	ident transport	ation	2	,723,166
	Par, Inc								insportation Ma		<del></del>	746,069
Expres	ss Medical Transporters							Stu	ident transporta	ation		114,759
	Total number of independent contractor	ors (includi	na bi	ıt n	ot	limit	ed to	<u> </u>	nose listed ah	ove) who	<del></del>	5 -1 1

received more than \$100,000 of compensation from the organization ▶

Part	VIII	Statement of Reven	ue					. ,
		Check if Schedule O c	ontains a re	sponse or note t	o any line in this	Part VIII		<u></u> 🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	<u>1</u> a					
g ž	b	Membership dues	1b	·				
S, (	С	Fundraising events	<u>1c</u>					
혈	d	Related organizations		<u> </u>				
š, Ē	e	Government grants (contril		46,069,397				
er S	· f	All other contributions, gifts						
혈통		and similar amounts not includ	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included						
	<u> </u>	Total. Add lines 1a-1f	<u> </u>	Business Code	46,069,397		APPLICATION OF THE PROPERTY.	
nue	. 2a	Homeless Transportation	Somicae		200 706	209,796	TO STATE OF THE STATE	ing representation of
Re	. <b>2</b> a	Special Education Transp		485000 611710	209,796 350,000			
8	c			011710	, 330,000	330,000		
ē	d	,		· · · · · · · · · · · · · · · · · · ·				
Ë	е	١.						
Program Service Revenue	f	All other program service	e revenue .	,				
4	g	Total. Add lines 2a-2f			559,796	<b>数据的影响</b>	型高加州的跨温层	品的對抗能認為
	3	Investment income (in and other similar amour		dends, interest,	279,675		•	279,675
	4	Income from investment o	f tax-exempt t	ond proceeds ►				
	5	Royalties	<i>:</i> .	<u> </u>	-			
			(i) Real	(ii) Personal				
	6a	Gross rents	· -					
	b	Less: rental expenses						
	C	Rental income or (loss)		J		SANCE PROPERTY OF	TOTAL TELEVISION OF THE	PASSA MARKATAN
	d	Net rental income or (lo	SS) (i) Secunties	(ii) Other	Same State and State and Address	ALLERY CONTROL OF A	\$85 m1933% F.850% 2465.53	Printer Carametrian Albanian Candid
	7a ָ	Gross amount from sales of	(i) Securities	(ii) Other				
		assels other than inventory '						
	b	Less: cost or other basis and sales expenses .						
	င	Gain or (loss)						
	d	Net gain or (loss)			IL COMP AND A STANDAR WOOD AN	BOIL CONTRACTOR IS A MIN OF A	WHITE THE PARK PROPERTY.	TOTAL PERSON OF DEED STORESTON OF ELFA
		. ,		b		UNITED STATES		
nue	8a	Gross income from fund	draising `					
		events (not including \$						
Other Reve		of contributions reported						
Ъе		•		9				
ŏ	b	Less:, direct expenses		b[	<b>的心态,感觉的影响。</b>	THE REPORT OF THE PARTY OF THE	53 WALLANDER	
		Net income or (loss) from		events . ►	\$36000000000000000000000000000000000000		AND CHARACTER OF THE PARTY.	MARCER CLEASE FREE RANGE
	9a	Gross income from gam See Part IV, line 19	=	•				
	ь	Less: direct expenses						
		Net income or (loss) from	• • •		A. A. M. M. M. A. A. A. M. A.	UPTOTAL SHAY IL SPETANCE HOSSING	ONE-CANADA THE SHEET SHEET OF	AMERICA AND AND AND AND AND AND AND AND AND AN
	10a							
		returns and allowances		a				
	b	Less: cost of goods sole	d I	b				
	С	Net income or (loss) from		ventory 🕨				
		Miscellaneous Revi	enue	Business Code	<b>於經濟學的</b>		想為主題。這時候	
	11a	,						
	b				<del> </del>			
	C	-						
	d	All other revenue				THE LOT WAS DE SHARE	Sheer to the Tarketon	SEISTER STEETS WE WANT TO AN
	12	Total Add lines 11a-11		•	46 000 969	E50 706	至37世代號上一世世紀中間第	

### Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, , 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				The second secon
	and domestic governments. See Part IV, line 21	27,598,019	27,598,019		是否是自己数据证
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members			<b>苏黎林岛北部北海湖</b>	
5	Compensation of current officers, directors,				
	trustees, and key employees	84,384		84,384	
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	323,105		323,105	
8	Pension plan accruals and contributions (include	-	~4	•	
	section 401(k) and 403(b) employer contributions)	16,614		16,614	
9	Other employee benefits	- 39,038		39,038	
10	Payroll taxes	28,275		28,275	, .
11	Fees for services (non-employees):				
а	Management	248,195	·	248,195	
b	Legal	11,508		11,508	
С	Accounting	20,964		20,964	
ď	Lobbying	<u> </u>	Supremental rest of service suffering that the	SECTION AND SECTION ASSESSED.	
e	Professional fundraising services. See Part IV, line 17		2. 人名英格兰 经基础的 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	THE RESIDENCE OF THE PARTY OF T	
f ~	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	,	,		
40	- ,	9,162	· · · · · · · · · · · · · · · · · · ·	9,162	
12	Advertising and promotion	23,473		23,473	
13	Office expenses	9,894		9,894	
14 15	Information technology				
16	Occupancy	82,784		02.704	
17	Travel	8,582		82,784	
18	Payments of travel or entertainment expenses	0,302		8,582	
	for any federal, state, or local public officials		}	`	1
19	Conferences, conventions, and meetings	3,282	<del> </del>	3,282	
20	Interest	3,202		3,202	
21	Payments to affiliates	·	<del></del>		
22	Depreciation, depletion, and amortization .	· · · · · · · · · · · · · · · · · · ·			
23	Insurance	7,092		7,092	
24	Other expenses. Itemize expenses not covered			<b>定于新加州市市</b>	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1512,1773,174			
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bus/taxi transportation of students	18,993,591	18,993,591		
b	Equipment & Furniture	71,268		71,268	
С	Telephone	34,130		34,130	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	47,613,360	46,591,610	1,021,750	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here I if				
	following SOP 98-2 (ASC 958-720)	1			l

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X <u>.</u>	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	3,861,520	2	3,157,028
	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			Company of the compan
		Complete Part II of Schedule L		5	
S	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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	*****	8	
	9	Prepaid expenses and deferred charges	-	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	.11	.Investments publicly traded securities		11	- •
_	12	Investments—other securities. See Part IV, line 11		12	
•	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,861,520	16	3,157,028
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	. <u></u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	Property and a second s
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<del></del>	24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	,
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	3,861,520	27	3,157,028
Bal	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť.	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	3,861,520		3,157,028
	34	Total liabilities and net assets/fund balances	3.861.520	34	3.157.028
					Form <b>990</b> (2018)

Form.9	90 (2018)			Pa	age 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08,868
2	Total expenses (must equal Part IX, column (A), line 25)	2		47,12	21,944
3	Revenue less expenses. Subtract line 2 from line 1	3		-70	04.492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,8€	31,520
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,15	57,028
Part	XII 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 🔲 Accrual 🔲 Other		1	- 3	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	,	,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		٠,	
	reviewed on a separate basis, consolidated basis, or both:			ار <del>- جوب</del> –	جُميت ،
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				<u>. • نا</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	7	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	3	**	الْهِيْ ،
	separate basis, consolidated basis, or both:		1.	. 1	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			\ \	4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	• •	2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in	* ₹,,,		4,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.........................
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.

Form 990 (2018)

Schedule O.

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

**Voluntary Interdistrict Choice Corporation** 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 331/3% 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 331/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☑ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . 13 Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) See Schedule I of 990 Form (B) (C) (D) (E) Total

rait							
	·(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	raπ i or ii th	e organizatio	n railed to qua	aniy under
Casti	Part III. If the organization fails to	o quality unde	er the tests iis	stea below, p	lease comple	ete Part III.)	
	on A. Public Support	4-2-004-4	#-> 004 <i>E</i>	(-) 001C	(-1) 0017	(2) 2018	(6) Total
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	}				/	
	include any "unusual grants.")	1				/	
_				<del> </del>		<del> </del>	<del></del>
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
2	The value of services or facilities			<u> </u>	/		
3	furnished by a governmental unit to the			İ	/		
	organization without charge				<b>/</b>		
4	Total. Add lines 1 through 3	-		/			
-	•		PPTASACRETE				
5	The portion of total contributions by each person (other than a						
	each person (other than a governmental unit or publicly						
	supported organization) included on			11000			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6 _	Public support. Subtract line 5 from line 4.	THE PERSON NAMED IN	<b>"这种多</b> "	之初。此是阿爾	COMPANIE TO	ALC: STATE OF THE PERSON NAMED IN	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
.7	Amounts from line 4						
8	Gross income from interest, dividends,	1			-		
	payments received on securities loans,	/			l		
	rents, royalties, and income from	/					+
_	similar sources	<b></b>	_			<del>  </del>	
9	Net income from unrelated business	/				·	
	activities, whether or not the business is regularly carried on	`/		1		l .	
10	Other income. Do not include gain or	<del>                                     </del>					
10	loss from the sale of capital assets	/		1		]	<b>*</b> .
	(Explain in Part VI.)	1					•
11				THE WASHINGTON			
12	Gross receipts from related activities, etc			CHEST IN THE STANDARD CONTRACTOR		12	
13	First five years. If the Form 990 is for the					L	n 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppo						
14 -	Public support percentage for 2018 (line	6, column (f) di	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2017 Sc					15	%
, 16a	331/3% support test - 2018. If the organ						
	box and stop here. The organization qua						
b	331/3% support test -2017. If the organ						
	this box and stop here. The organization	*		_			_
17a	10%-facts-and-circumstances test – 2						
	10% or more, and if the organization m			-		•	•
	Part VI how the organization meets the	"facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	
	organization /						▶ 📙
b	10%-facts-and-circumstances test-2						
•	15 is 10%/or more, and if the organization						
•	Explain in Part VI how the organization				ine organizati	ion qualities as	
40	supported organization						▶ 📙
18	Private foundation. If the organization d						
	instructions						· · 🟲 🔲

Schedule A (Form 990 or 990-EZ) 2018

Part	Support Schedule for Organiza						
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.) /	
	ion A. Public Support	Y**** - *** - * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	·			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	ļ	ļ	ļ		4	
2	sold or services performed, or facilities	ł					
	furnished in any activity that is related to the					İ	
_	organization's tax-exempt purpose				<b> </b>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the			/	Ì		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		/		1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<i>X</i> .				
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		*	3			
Secti	ion B. Total Support						
Calen	ndar year (or fiscal year beginning in)	( <b>á</b> ) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	/					
10a	Gross income from interest, dividends,	ľ			1		
	payments received on securities loans, rents,						
	royalties, and income from similar sources		ļ		ļ <u></u>	ļ	
b	Unrelated business taxable income less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b/			ļ	ļ	ļ	
11	Net income from unrelated business			:			
	activities not included in line 10b, whether						
	or not the business is regularly carried on				ļ	ļ	
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets			İ	ļ		
	(Explain in Part VI.)		ļ			ļ	
13	Total support. (Add lines 9, 10c, 11,				ļ		
	and 12.)	L	1	1 11: 1 6 11		<u> </u>	- 504/-1/01
14	First five years of the Form 990 is for the	_			•		
<u>C = -4</u> :	organization, oneck this box and stop he					• • • • •	· · · ·
~	ion C. Computation of Public Suppor			40 1 (0)	<del></del>	7257	0/
15	Public support percentage for 2018 (line						<u>%</u>
16	Public support percentage from 2017 Sci			· · · · ·	<u> </u>	16	<u>%</u>
	ion D. Computation of Investment In			by line 40 and	.mp (ft)	[47]	
17	investment income percentage for 2018 (			•			<u>%</u>
18	Invest/nent income percentage from 2017 331/3% support tests—2018. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
L	,					_	
b	33/3% support tests—2017. If the organization 18 is not more than 331/3%, check this						
20	Private foundation If the organization di		=		-	- · ·	_

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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.)

		Yes	No
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to	到 10b		V V

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Austin St.	Series .	13.00
L	below, the governing body of a supported organization?	11a 11b		<b>√</b>
	A family member of a person described in (a) above?  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		\ <u>\</u>
	on B. Type I Supporting Organizations		L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3.3	3.76	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		133	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	1		
	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		#E. S
2	Did the organization operate for the benefit of any supported organization other than the supported	133		17.79
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		N.	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ZX.	201	
<del></del>	supervised, or controlled the supporting organization.	2		<b>_</b> ✓_
Secti	on 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	SEEKA.	N. Shire	STAR!
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	N.Y		7
	or management of the supporting organization was vested in the same persons that controlled or managed	200		
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations ,			
_		nection()	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		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		4.8	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	er er er er er er er er er er er er er e	1.92329
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4.2	380	283
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	應		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 0.4.14	27. of . odl
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	N.		200
	supported organizations played in this regard.	3		TO ACT
Secti	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ 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 ın		
2	Activities Test. Answer (a) and (b) below.	1.00.00	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 <b>Part VI identify</b> 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	1		
	that these activities constituted substantially all of its activities.	2a	Charles	. <del>Series</del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		193	23
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	接着		NA.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	Ha.o. r.	\$4-41 5112
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		No.	
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? <i>Provide details in Part VI</i> .	激温   3a	And I have	EMINE.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		積減	Z
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	- 40/4	Middle

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	<u> </u>	
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).	130 M		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		_
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<del>.</del>	
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	MELICAN SERVICE TO THE RESIDENCE OF THE PERSON OF THE PERS	_
2 Enter 85% of line 1	2	祖代既是到中央总法法,	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>三型地面工业工程的影响显示</b>	
4 Enter greater of line 2 or line 3.	4	COMMENCE AND SECTION OF THE PARTY OF THE PAR	
5 Income tax imposed in prior year	5	据记录品品的图1882年 · · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		HALDER STREET, ST.	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)			organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			,
<u>, 3</u>	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ) See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			<u> </u>
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	<b>35.35</b> 36 36 36 36 36 36 36 36 36 36 36 36 36		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018		经的概念的现在分词	是和新的社會的
a	From 2013	加图和此时的		<b>以记录。2012年11月</b>
b	From 2014	是那些學術學的學術		STATE OF THE PARTY
c	From 2015	NAME OF STREET		
d	From 2016			
e	From 2017			<b>经通過型型型型</b>
f	Total of lines 3a through e		ELLE AND A SERVICE OF THE SERVICE OF	<b>了海路的新港通过的</b>
g	Applied to underdistributions of prior years	是自己的		PER TRUE TO THE SECOND
<u>h</u>	Applied to 2018 distributable amount	<b>此時都經濟和於江州</b>	推翻即位于自由的	
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount		A CHARLES TO SERVICE AND A SER	_
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		TO SECURE OF THE	
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	A 20 CO. SEC. P. P. P. P. P. P. P. P. P. P. P. P. P.		
8	Breakdown of line 7:		<b>的复数形式的复数形式的</b>	<b>企业企业的企业企业</b>
а	Excess from 2014 .	<b>影場影響的電影響等</b>		
b	Excess from 2015	THE PARTY NAMED IN	WWW.	
С	Excess from 2016	からいればいる。 と大学であるとははいました。 と大学であると	3.25 32 32 Jah 12 A Print 7 5 V 713 47 P LU - 153	THE STATE OF THE S
d	Excess from 2017		<b>"特殊"的"特别"的"特别"的"特别"的"特别"的"特别"的"特别"的"特别"的"特别</b>	
е	Excess from 2018	<b>第四個語言語言語言語言語言</b>		THE SECTION OF THE SE

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV, Sec	ction A, Line 2 - All of our supported organizations are public school districts exempt from Federal income taxes under
IRC 170(c)(	<u>1).</u>
***************************************	
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	·

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **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

Employer identification number

<u>Volunta</u>	ry Interdistrict Choice Corporation	,	43-1853926
Part			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		<u> </u>
	Aggregate value at end of year	a advisors in weiting that the appets h	and in depart advised
	Did the organization inform all donors and dono funds are the organization's property, subject to t		
	Did the organization inform all grantees, donors,		<del>_</del>
	only for charitable purposes and not for the bene		
			-
Part		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		· · · ·
	Preservation of land for public use (e.g., recreated		f a historically important land area
	☐ Protection of natural habitat		f a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization b	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
-	Total number of conservation easements		\
	Total acreage restricted by conservation easemer		
	Number of conservation easements on a certified		
	Number of conservation easements included in	• • •	I I
	<del>_</del>		
	Number of conservation easements modified, trantax tax year ►	nsterred, released, extinguished, or teri	minated by the organization during the
	Number of states where property subject to cons	envation easement is located	
	Does the organization have a written policy re		spection handling of
	violations, and enforcement of the conservation e		
	Staff and volunteer hours devoted to monitoring, inspe		<del>_</del>
	<b>&gt;</b>		<b>33 7</b>
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$		•
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · Tes . No
	n Part XIII, describe how the organization reports		•
	palance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Part	9	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered		
	f the organization elected, as permitted under Si	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similabublic service, provide, in Part XIII, the text of the		
	If the organization elected, as permitted under works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	·	ducation, of research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line		· <b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	f the organization received or held works of ar	t, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	tems:
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		<b>b</b> ¢

<b>.</b> .:						_
	le D (Form 990) 2018  Corganizations Maintaining	Collections of	Art Historica	Treasures or C	ther Similar Ass	Page 2
3	Using the organization's acquisition,					
	collection items (check all that apply):			•		-
а	Public exhibition			an or exchange pro		
b	Scholarly research		e 🗌 Oth	ner		
С 4	Preservation for future generations Provide a description of the organizar		and avalein hav	, Alban, from ban Albana,	i-stion's system	më millimana in Davi
•	XIII.	iion's collections	and explain now	they further the or	ganization's exem	pi purpose in Pan
5	During the year, did the organization	solicit or receive	donations of ar	t, historical treasur	es, or other similar	r
	assets to be sold to raise funds rather					☐ Yes ☐ No
Part		_				
	Complete if the organization	answered "Yes	" on Form 990	, Part IV, line 9, o	r reported an am	ount on Form
- 12	990, Part X, line 21.  Is the organization an agent, trustee.	austadian ar ath	or intermedian	for contributions of	r other coasts not	
ıa	included on Form 990, Part X?				or other assets not	` ☐ Yes ☐ No
b	If "Yes," explain the arrangement in P					_ res _ no
	•	•			Am	nount
С	Beginning balance				С	
d	Additions during the year				d	
e	Distributions during the year				e	
f 2a	Ending balance				f	□ Vaa □ Na
	If "Yes," explain the arrangement in Pa					
	V Endowment Funds.	are 7000 Official from	o ii tilo explanat	ion nas been provid	ica on rate Am .	· · · <u> </u>
	Complete if the organization	answered "Yes	" on Form 990	, Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				<u> </u>	
b	Contributions					
С	losses					
d	Grants or scholarships			<del></del>	·	<del></del>
e	Other expenditures for facilities and				<del>                                     </del>	
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of t	•	nd balance (line 1	Ig, column (a)) held	as:	
a b	Board designated or quasi-endowmer Permanent endowment ▶	nt ►	%			
C	Temporarily restricted endowment ▶	<sup>76</sup> %				
	The percentages on lines 2a, 2b, and		00%.			
За				hat are held and a	dministered for the	)
	organization by:		-			Yes No
	(i) unrelated organizations					3a(i)
_	(ii) related organizations					3a(ii)
	If "Yes" on line 3a(ii), are the related of					3b
4	Describe in Part XIII the intended uses		on s endowment	runas.	<u> </u>	

### Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Complete if the organization answered Tes of Form 550, Fart IV, line Ta. Gee Form 550, Fart X, line To.								
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land			the state of				
b	Buildings							
С	Leasehold improvements							
d	Equipment				-			
е	Other	•		, .				
otal	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	Y column (R) line 10	20.1				

Pait VII	Complete if the organization answ		m 990. Part IV. lir	ne 11b. See Form	990, Part X. line 12.
	(a) Description of security or category		(b) Book value	(c) Met	hod of valuation
	(including name of security)			Cost or end	-of-year market value
(1) Financial				ļ	<del>,</del>
	neld equity interests				<u> </u>
(3) Other					
(A)					<u> </u>
(B)			•		
(D)					•
(E)				,	<del></del>
(F) (G)				<del></del>	- 1:
(G) (H)				<u>.</u> .	
	h) must acreal Form 000. Part V and /P) line 10.)			THE STREET SHOWS A	ANGEL CONTROL OF THE PARTY OF T
Part VIII	b) must equal Form 990, Part X, col. (8) line 12.) ▶ Investments—Program Related	4		是一个一个一个一个	· "我们是中国社会,我们们是他们的社会,我们是一个公司的。"
L'art viii	Complete if the organization answ		m 990 Part IV lir	ne 11c. See Form	990 Part X line 13
	(a) Description of investment	Weica 163 Office	(b) Book value	ĭ	thod of valuation
	(a) Description of investment		(b) Book value		l-of-year market value
(1)					
(2)					
(3)				-	٠ ٦.
(4)					
(5)			<u></u>		
(6)			, <u>, , , , , , , , , , , , , , , , , , </u>		
(7)					
(8)		4			
(9)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶			<b>建筑的建筑的</b>	到是其他的問題的
Part IX	Other Assets.			•	
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, lir	ne 11d. See Form	
	(a	) Description			(b) Book value
_(1)					
(2)					
_(3)					<u> </u>
(4)			<del></del>		
(5)			<del></del>		' -
(6)	·		····		
_(7)					
(8)			·		
(9)	(h) (000 Bart V	nt (D) line 15 \			
	mn (b) must equal Form 990, Part X, co Other Liabilities.	oi. (B) line 15.)	<u> </u>	· · · · · ·	
Part X		wared "Vas" on For	000 Doubly liv		a Farm 000 Dort V
	Complete if the organization answ	wered tes on For	m 990, Part IV, III	ne i i e or i ii. Se	e Form 990, Part A,
1.	line 25.	(b) Book value	Associations of	Security water in springs	. With the control of
(1) Federal in	(a) Description of liability	(b) book value			
	icome taxes	•			
(2)		-			
(3)					
(5)					
(6)					
(7)	<del>17</del>	<del></del>			
(8)					
(9)	<del></del>				
	b) must equal Form 990, Part X, col. (B) line 25.)				
		ala dha dawa - £ 11 £ 1	是	。成立1918年1985年1918年1918年	<b>建於原始於其他於於於於於於於</b>
Z. Liability for	uncertain tax positions. In Part XIII, provi	ae the text of the footh	ote to the organization	on's financial stateme	ents that reports the

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Heturn.	
		. 1	
1	Total revenue, gains, and other support per audited financial statements	· 1 1	46,908,868
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l' l	
a	Net unrealized gains (losses) on investments	<del> </del>	
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	46,908,868
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> </b> ^, -	
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	46,908,868
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	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	47,613,360
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses	$\neg$	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	47,613,360
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·	47,013,300
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	─-{: ;	
c	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		47,613,360
	XIII Supplemental Information.	· 1 3 1	47,613,360
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and		e 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	al information.	
Part X,	Line 2 - VICC is considered a publicly supported organization and is exempt from Federal income tax u	under Section 5	01(c)(3) of the
Interna	al Revenue Code.		
-+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	
VICC o	continually evaluates the effects of all tax positions taken including expiring statutes of limitations, tax $\epsilon$	examinations, u	nrelated
	······································		
busine	ess income and new authoritative rulings. VICC files federal information returns. The statute of limitation	ns for information	on returns
filed fo	or the years ended June 30, 2015 through 2019 have not expired and therefore are subject to examinatio	n.	
	1 1		
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Schedule D (Fo	rm 990) 2018	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Vame of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

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OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

**%** □ ✓ Yes 43-1853926 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Joluntary Interdistrict Choice Corporation

Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

רמרואי ווופ בזי וטי מוזץ ופטוטופות נומן ופכפועפט וווסיפ נומן של מינים אינים ווימן פספר אינים ווימן ופכרכים.	y recipient and	בכבוגפת וווסנפ זו	1411 \$3,000. TALL	II call De ouplica	ובח וו שחתונות ושו מ	place is needed.	
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
(1) Affton School District 8701 Mackenzie Rd., 63123	43-6000021	170(b)(1)(A)(i	620'995				student tuition
(2) Bayless School District	100007 04	470/47/47/6	010				a Cipina de Charles
(3) Brentwood School District	43-6000133	וואוווומומוו	(50,010				
1201 Hanley Industrial Ct., 63144	43-6000385	170(b)(1)(A)(i	539,854				student tuition
(4) School District of Clayton							
#2 Mark Twain Circle, 63105	43-6000775	170(b)(1)(A)(ı	1,568,157				student tuition
(5) Hancock Place School District							
417 S Broadway, 63125	43-6001549	170(b)(1)(A)(ı	1,246,396				student tuition
(6) Kirkwood School District							
11289 Manchester Rd., 63122	43-6004228	170(b)(1)(A)(i	852,630				student tuition
(7) Mehlville School District							
3120 Lemay Ferry Rd., 63125	43-6005590	170(b)(1)(A)(ı	1,863,047				student tuition
(8) Parkway School District		_					
455 N Woods Mill Rd., 63017	43-6000857	170(b)(1)(A)(i	7,635,465				student tuition
(9) Rockwood School District							
111 E North St., 63025	43-6004215	170(b)(1)(A)(i	9,004,017				student tuition
(10) Valley Park School District							
One Main St., 63088	43-6015057	170(b)(1)(A)(i	842,629				student tuition
(11) Webster Groves School District							
400 E Lockwood Ave., 63119	43-6003220	170(b)(1)(A)(i	690,766				student tuition
(12) Special School District							
12110 Clayton Rd., 63131	43-6003875	170(b)(1)(A)(i	1,516,092				student tuition
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1501(c)(3) and go	vernment organiza	tions listed in the I	ine 1 table	•		. 🔻
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table					<b>A</b> .

Schedule I (Form 990) (2018)

Cat. No 50055P

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

Schedule I (F	ichedule i (Form 990) (2018)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

	i di in cali de adplicated il additional optico io mocaci:	معصوبا فالمعطو	;		:	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က	•			-		
4				-		
5				•		
9						
7						
Part IV	Supplemental Information. Provide the information required in Part II line 2: Part III. column (b): and any other additional information.	the information r	equired in Part I. In	e 2: Part III. column	(b): and any other addition	onal information.

All VICC grantees are K-12 public school districts in the State of Missouri. VICC requires each school district to submit an annual financial report documenting the number of students served, the cost of educational services provided, and the amount of tuition payments (grants) made to the district by VICC. These reports are reviewed and independently verified by VICC staff by comparing student counts to VICC's own independent student records and by comparing financial amounts to the revenues and expenses separately reported by the districts to

the State of Missouri, Department of Elementary and Secondary Education.

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Voluntary Interdistrict Choice Corporation

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part III or Part III.

Open to Public Inspection 2009

OMB No. 1545-0047

Employer identification number 1853926 43

Part   Continuation of Grants and Other Assistance	ts and Other As		to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ganizations in the	United States (Sch	edule I (Form 990)	, Part II.)
(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
(13) St. Louis Public Schools 801 N 11th St., 63101	43-6003997	170(b)(1)(A)(i)	454,890				student tuition
					,		
					:	,	
					-		
							-
Total Previous Page	•		27,143,129				
Total (Form 990, Part IX, Line 1)			27,598,019				

Schedule I-1 (Form 990) 2009

Cat. No. 51026W

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

Part II	Schedue 1-1 (Form 990) 2009  Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	Assistance to I	ndividuals in the U	nited States (Sche	dule I (Form 990), Part	Page, Z.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuatron (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	-					
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Schedule I-1 (Form 990) 2009

### SCHEDULE J (Form 990)

Department of the Treasury

Voluntary Interdistrict Choice Corporation

Name of the organization

**Compensation Information** 

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

Compensated Employees

► 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.

OMB No 1545-0047

2018

open to Public Inspection

Employer identification number

43-1853926

Part I Questions Regarding Compensation Nο 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 1b 37.00 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 2 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 ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . 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. 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: a The organization? . . . . **b** Any related organization? . . . . . . . . . . . . If "Yes" on line 5a or 5b, describe in Part III. 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: 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 Mit de la Marie If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 

Page 2

Schedule J (Form 990) 2018

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

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

Note: The Surt of Columns (B/I) - (II) 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.	or eaci	IIsted Individual m	ust equal the total am	ount of Form 990, Par	t VII, section A, line	la, applicable colum	n (D) and (E) amount	s for that individual.
		(b) Breakdown	or W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(E) (O)-(D) (B)(I)-(D)	in column (B) reported
		compensation	compensation	reportable compensation	Compensation			as dererred on prior Form 990
David Glacor	8	-0-	Ġ	Ġ	ç	4	0-	4
1Chief Executive Officer	Ξ							
	8							
2	(ii)	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	8							
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9	<u>(i)</u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •			
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7	€	**************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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	3							
16	€					1		
	-						Sch	Schedule J (Form 990) 2018

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

### 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.

20**18** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Voluntary Interdistrict Choice Corporation

43-1853926

1) Form 990, Part I, Question 1 - VICC's primary exempt purpose is to administer a voluntary public school desegregation (student transfer)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization  Voluntary Interdistrict Choice Corporation	Employer Identification number 43-1853926
7) Form 990, Part VI, Question 11a - The Form 990 is prepared by office management and staff. Copies are	-
pefore filing. A copy of the Form 990 is also sent to VICC's legal counsel and to VICC's independent audition	ng iirm for review prior to
iling with the IRS.	
3) Form 990, Part VI, Questions 15a & 15b - Compensation for the VICC CEO, officers and key employees is	s voted upon annually by the full
/ICC Board of Directors. In determining the appropriate level of compensation, data for comparable positi	ons is used as reference points,
vith a general goal of maintaining salaries at around the midpoint of such ranges applicable to the position	n. Board action is documented in
he meeting minutes.	
) Form 990, Part VI, Question 19 - VICC's By-Laws and formal Board policies specify that its meetings are	to be conducted in accordance
vith the Missouri Open Meeting Laws (Sunshine Law). All regular meetings are therefore posted in advance	e and are open to members of the
public. Area newspapers, television and radio media are also sent meeting notices and agendas in advanc	
are included an open meeting materials and are available to the public upon request or during regular busing	
2:00 p.m. weekdays at the VICC organization office. Governing documents, including formal Board policies	
and are also available to the public on the same basis free of charge.	s are posted on the vido website.
ind are also available to the public on the Same basis free of charge.	
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