Department of the Treasury

832001 12-31-18

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

Open to Public

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

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

Inter	nal Reve	nue Service	➤ Go to www.irs.g				t information.	MXX	Inspection			
A	For the	2018 calend	dar year, or tax year beginning			ending J	UN 30,	2019				
В	Check if applicable	C Name o	of organization				D Employer	identifica	tion number			
	Addre chang	ss RIVE	ERDALE SCHOOL DIST	TRICT FOUN	DATION]					
	Name chang	e Doing b	ousiness as				94-3187982					
	Initial return		r and street (or P.O. box if mail is not	t delivered to street ad	ldress)	Room/suite	E Telephone					
L	Final returni termin	_ 	BOX 36				ļ	(503)	303-8470			
_	ated Amen	City or 1	town, state or province, country, a		ostal code		G Gross receipt		1,428,529.			
H	return Applic tion	I DAVE	E OSWEGO, OR 9703		MCm 3 MM		H(a) Is this a		rn Yes X No			
	pendir	SAME	and address of principal officer.KI AS C ABOVE	KISTEN KOH	INSTAMM	.0	for subo	ordinates? ordinates inclu				
<u>ı</u>	Гах-ех	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 1 527	If "No,"	attach a lis	t. (see instructions)			
			://www.RIVERDALE				H(c) Group e					
			X Corporation Trust	Association	Other	L Year	of formation 1	993 M S	tate of legal domicile: OR			
P	art I	Summary			mo (1)	TT M T 1 7 3	ME AND	ENGITO				
Activities & Governance	1	Briefly describ	be the organization's mission or m [ONAL EXCELLENCE I	iost significant activ BY SUPPORT			TE AND					
ž	2	Check this bo	ox large if the organization dis	scontinued its opera	ations or dispo	sed of more	than 25% of	ts net asse				
ŏ	3	Number of vo	oting members of the governing bo	ody (Part VI, line 1a))			3	20			
ص ع	4	Number of inc	dependent voting members of the	governing body (P	art.VI, line 1b)			4	20			
es	5	Total number	dependent voting members of the of individuals employed in calend of volunteers (estimate if necessa	ar year 2018 (Part \	V, line 2at 7	- This are		5	0			
Νį	6	Total number	of volunteers (estimate if necessa	ary)		PIAICIO	_	6	75			
Act	1		ed business revenue from Part VIII	11.00	N HIHI DOL	m ~~~	966	7a	0.			
	b	Net unrelated	business taxable income from Fo	orm 990-T, line 38 m	Ser Mi	6 ZUZD		7b	0.			
				- 11 '	CVC To To		Prior Year	172	Current Year 1,412,168.			
ne	ı		and grants (Part VIII, line 1h)	4	OGDE	W, WIF	1,309,	0.	1,412,100.			
Revenue	Į.	-	ice revenue (Part VIII, line 2g)) 4 1 7-1\			13	267.	16,361.			
æ	1		come (Part VIII, column (A), lines 3		1.0\	<u> </u>		022.	10,301.			
			e (Part VIII, column (A), lines 5, 6d,			-	1,384,		1,428,529.			
	+		e - add lines 8 through 11 (must eq imilar amounts paid (Part IX, colum		11 (A), line 12)		1,018,		1,240,300.			
			to or for members (Part IX, column					0.	0.			
s	1		er compensation, employee benefit		(A), lines 5-10)	_	***	0.	0.			
Expenses	1		fundraising fees (Part IX, column (/		(4,	<u> </u>		0.	0.			
þ	1		sing expenses (Part IX, column (D),	· ·	29,5	61.						
ω	1		ses (Part IX, column (A), lines 11a-1					018.	37,470.			
	18	Total expense	es. Add lines 13-17 (must equal Pa	art IX, column (A), lir	ne 25)		1,052,		1,277,770.			
	19	Revenue less	expenses Subtract line 18 from I	ine 12			331,		150,759.			
Net Assets or Fund Balances						Ве	ginning of Curre	nt Year	End of Year			
sset	20		Part X, line 16)			<u> </u>	1,914,		2,092,669.			
ad A	21		s (Part X, line 26)			ļ	1 014	0.	0.			
쯦	22		fund balances Subtract line 21 fr	rom line 20		<u> </u>	1,914,	219.	2,092,669.			
	art II	Signatur	I declare that I have examined this retu	ura inaliidina aaaama	anuna ashadula	o and atatam	ente and to the l	nost of my k	noviladas and halist it is			
	•		e. Declaration of preparer (other)than o					-	lowledge and belief, it is			
liuc	, сопес	t, and complete	: Declaration of preparer (corresponding)	bucer) is based on an	illioilliation of wi	iich preparer	Tias arry knowned	/ / / v	12020			
Sig	n	Signatur	e of officer	۲	· · · · · · · · · · · · · · · · · · ·		Date	6/10 /	10000			
Her		. 7	KAREII) AC	THOIX	\leq							
•	•	Type or i	print name and title		<u> </u>			·				
		Print/Type pre	parer's name	Preparer's rignat	ture	7	Dato-/ 1_	Check	PTIN			
Paid	ı	YEE LEE			8	ب ا	41012	th- employed	P01294356			
Pre	parer	Firm's name	GARY MCGEE & CO	O. LLP				EIN	<u> </u>			
Use	Only	Firm's address 1000 S.W. BROADWAY, SUITE 1200										
			PORTLAND, OR 97				Phone	eno. (503	3) 222-2515			
May	the IF	RS discuss thi	is return with the preparer shown	above? (see instruc	ctions)				Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments
	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission.
•	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,240,300 · including grants of \$ 1,240,300 ·) (Revenue \$
	THE FOUNDATION PROVIDED FINANCIAL SUPPORT TO THE RIVERDALE SCHOOL
	DISTRICT 51J DURING THE YEAR ENDED JUNE 30, 2019. TOTAL GRANTS OF
	\$1,240,300 WERE MADE TO RIVERDALE SCHOOL DISTRICT 51J.
4b	(Code) (Expenses \$
	•
	
4c	
4C	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses 1,240,300.

Form **990** (2018)

Form 990 (2018) RIVERDALE SCHOOL DISTRICT FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	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		Х
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	!		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	1.45		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

Page 4

			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		<u> </u>
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_		<u> </u>
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			v
	Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ď	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
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	07		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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).			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
•	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	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		

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

16

X

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	20	·	
	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 2	20	ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			l
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	·	3	•	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or			
	more members of the governing body?	•	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, 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 bod	y before filing the form?	11a		Х
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	ın Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approve	al 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		Х
b	Other officers or key employees of the organization		15b		Х
	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 arranger	nent with a	<u> </u>		
	taxable entity during the year?		16a	L	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?	<u> </u>	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶OR				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-T (Section 501(c)	(3)s only) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	, ,	ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, containing the second seco	oflict of interest policy, a	and finar	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨			
	KAREN CHONG - (503) 697-3110				
	11722 στο προυμανό αυσικτο προστανίπ οπ 07210				

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

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

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

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

(A)	(B)				(C)			(D)	(E)	(F)
Name and Title	Average	(do not		Position one than one			one	Reportable	Reportable	Estimated
	hours per		, unte cer an					compensation	compensation	amount of
	week (list any	Η-			П	Γ	T	from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	66 04	stee		ĺ	age 1	ĺ	(W-2/1099-MISC)	(11 2. 1111	organization
	organizations	trust	nal tru		oyee	الة الق				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогтег			organizations
	line)	틸	lus	#5	Ş.	울등	휸			
(1) HAL ABRAMS	2.00			İ			1			•
DIRECTOR		X	_	_		_	L.,	0.	0.	0.
(2) ANDREW ALLEN	2.00									0
DIRECTOR		Х	_			<u> </u>	L.	0.	0.	0.
(3) HEATHER BOGATY	2.00					ĺ	ĺ			•
DIRECTOR		Х				<u> </u>	<u> </u>	0.	0.	0.
(4) TINA BROWN	2.00					-				
DIRECTOR	2 2 2	Х	<u> </u>	_		┕		0.	0.	<u> </u>
(5) TERESE DEMANUELLE	2.00		i							0
DIRECTOR		Х				<u> </u>	<u> </u>	0.	0.	0.
(6) LESLIE GOSS	2.00									0
DIRECTOR		Х		_		<u> </u>	<u> </u>	0.	0.	0.
(7) DANIEL JANOFF	2.00					ł	1			0
DIRECTOR		X	ļ			ļ	<u> </u>	0.	0.	0.
(8) SUZI MADDOCKS	2.00	٠,,				ļ				0
DIRECTOR		Х				-	<u> </u>	0.	0.	0.
(9) AMANDA MEYER	2.00	٠,				ł	l		0	0
DIRECTOR	2 00	Х	igspace			<u> </u>	 -	0.	0.	0.
(10) RAKI PAI	2.00	۱.,								0
DIRECTOR	4 00	Х				-		0.	0.	0.
(11) JOE PRATS	4.00	,,				l			0	0
DIRECTOR	2 00	Х				_	 -	0.	0.	0.
(12) ANITA SCARLETT	2.00	٠,,			ľ					0
DIRECTOR	2 00	Х	<u> </u>			-	<u> </u>	0.	0.	0.
(13) LANCE STEINBERG	2.00	.,,					}			0
DIRECTOR		X					<u> </u>	0.	0.	0.
(14) KEN WIGHTMAN	2.00									0
DIRECTOR	4 00	X				<u> </u>	<u> </u>	. 0.	0.	0.
(15) GARY YATCYSHYN	4.00	,,							0	0
DIRECTOR	4 00	X		_			<u> </u>	0.	0.	0.
(16) KRISTEN KOHNSTAMM	4.00	٦,		۱,,						0
PRESIDENT	0.00	X		X	_		<u> </u>	0.	0.	0.
(17) ERIC MULLIGAN	2.00	.		١,,,						0
PRESIDENT ELECT	L	X		X			Ц_	0.	0.	0.

Form 990 (2018)

	week	box, unless person is both an officer and a director/trustee)						compensation	from related		an	other	OT
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the	organization (W-2/1099-MIS	S	fr org an	pensa om the anizat d relat	e Ion ed
(18) AMBER HILLMAN	10.00												
SECRETARY		Х		Х				0.		0.	<u> </u>		0.
(19) KAREN CHONG	10.00	l								_			^
CO-TREASURER	10.00	Х		X		<u> </u>	┡	0.		0.	ļ		0.
(20) AMY COULTER	10.00	x		x				0.		0.			ο.
CO-TREASURER		^		Λ		├	├	-	<u> </u>	٠.	_		0.
	 	-	-	-			╀					•	
		1											
		<u> </u>											
		[-											
		ļ	L.				<u> </u>	ļ					
		1											
		_	⊢			ļ.	-						
		1											
1b Sub-total	1	I	L		<u> </u>	<u> </u>	┕	0.	<u> </u>	0.			0.
c Total from continuation sheets to Part V	II. Section A							0.		0.			0.
d Total (add lines 1b and 1c)	ii, Coolion A						•	0.	\ <u></u>	0.			0.
Total number of individuals (including but r	not limited to th	nose	liste	ed at	bove	e) wl	ho r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization						-							
												Yes	No
3 Did the organization list any former officer,			e, ke	y en	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si									the organization				X
and related organizations greater than \$15									idual for convoca		4		Λ.
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							reiai	ted organization or indiv	idual for services	,	5		X
Section B. Independent Contractors	ipiete coriedar		<u> </u>	4011	0010	30,,							
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of con	npens	sation	from	
the organization Report compensation for													
(A)				_				(B)			(0)	
Name and business	address	N	INC	<u> </u>			_	Description of	services		Compe	nsatio	n ———
· · · · · · · · · · · · · · · · · · ·													
								·· <u>·</u>					
	· -												
2 Total number of independent contractors (ot li	mite	d to		_	sted	d above) who received r	nore than				
\$100,000 of compensation from the organi	zation >					0 _							

Form **990** (2018)

Pa	t V	/III	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lir			· /=-	
				,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	ts, and ve 1f 1,	412,168. 67,920.	1,412,168.		,	,
0 8	-	n	Total, Add lines 1a-1f		Business Code				
Program Service Revenue		b c d	All ables of a second of the se		Dusiness Odde				
_			All other program service reve Total. Add lines 2a-2f	inue	<u> </u>				
	3		Investment income (including other similar amounts) Income from investment of tax		est, and	16,361.			16,361.
	5		Royalties	(i) Real	(II) Personal	,			
	6	b c	Gross rents Less. rental expenses Rental income or (loss)		•				
		а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(II) Other				
e		d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	g events (not	•				
Other Revenue		h	including \$ contributions reported on line Part IV, line 18 Less direct expenses						
Ot		c a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less direct expenses	draising events	>				
		c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a							
			Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	b c	All other revenue						
	46	е	Total. Add lines 11a-11d			1 428 529	0.	0.	16.361.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1.=		
	and domestic governments. See Part IV, line 21	1,240,300.	1,240,300.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				-
	trustees, and key employees				<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		· -		· ,
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	·			
b	Legal				
С	Accounting	2,417.		2,417.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		•	1	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	90.			90.
13	Office expenses	6,697.		2,291.	4,406.
14	Information technology	4,828.		1,012.	3,816.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	ĺ			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 440		1,448.	
23	Insurance Charge expenses not severed	1,448.		1,440.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			,	
а	CREDIT CARD FEES	14,613.			14,613.
b	EVENT PROGRAMMING	4,018.			4,018.
c	DUNTHORPE GARDEN TOUR E	2,547.			2,547.
d	REGISTRATION FEES	641.		641.	
	All other expenses	171.		100.	71.
25	Total functional expenses. Add lines 1 through 24e	1,277,770.	1,240,300.	7,909.	29,561.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1	Į.	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1	_	
	0.12-31-18				Form 990 (2018

94-3187982 Page 11 Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 665,619. 0. 1 Cash - non-interest-bearing 1,519,898. 992,215. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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 instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less, accumulated depreciation 389,620. 429,835. 11 11 Investments - publicly traded securities 5,000. 5.000. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2,092,669. 1,914,518. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund

> 2,092,669. Form 990 (2018)

2,092,669.

2,092,669.

1,914,518.

1,914,518.

1,914,518.

32

33

31

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2018) RIVERDALE SCHOOL DISTRICT FOUNDATION	94-	<u>-3187</u>	<u>982</u>	Page	<u>: 12</u>
Pa	rt XI 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		<u>,428</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 277		
3	Revenue less expenses. Subtract line 2 from line 1	3			,75	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>,914</u>		
5	Net unrealized gains (losses) on investments	5		27	, 39	<u>2.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7	_			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	<u>,092</u>	,66	<u>9.</u>
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII				L	<u> </u>
			-		res l	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				ŀ
	separate basis, consolidated basis, or both.		ĺ			į
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,			ł
	consolidated basis, or both.					ł
	Separate basis Consolidated basis Both consolidated and separate basis		.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?		ļ	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C) [_		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?		L	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form 9	90 (20	018)

832012 12-31-18

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

Open to Public Inspection

RIVERDALE SCHOOL DISTRICT FOUNDATION

Employer identification number 94-3187982

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	s part) Se	e instructions							
he	organi	zation is not a private found	ation because it is. (For lines 1 through 12, o	heck only	one box.)		1						
1	_	A church, convention of chi)(A)(i).	1,						
2		A school described in secti	•				^ ^/	X						
	Ħ						. \ /	1						
3	片	A hospital or a cooperative												
4	لـــا	A medical research organization	ation operated in coi	njunction with a hospita	described	i in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,						
		city, and state:												
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental unit describ	ed in						
		section 170(b)(1)(A)(iv). (C	omplete Part II.)											
6		A federal, state, or local gov		nental unit described in :	section 17	O(b)(1)(A)	(v).							
_		_	_					nublic described in						
′	لجكا	·												
		section 170(b)(1)(A)(vi). (Complete Part II)												
8	_	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9		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 normal	lly receives (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fees, a	nd gross receipts from						
	_	activities related to its exem												
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	med by the organization	alter Julie 30, 1373.						
		See section 509(a)(2). (Cor	•											
11	닏	An organization organized a												
12		An organization organized a												
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2)	See section 509(a)(3). C	Check the box in						
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and 12g							
а		Type I. A supporting orga						giving						
_		the supported organization												
		organization You must c			,,									
		, ·	•		tion with it	e cupport	nd organization(s), by ha	vino						
D		Type II. A supporting orga												
		control or management o			ame perso	ons that co	ontroi or manage the sup	ported						
	_	organization(s). You mus												
C	L	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions	You must complete	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally	integrated. A supp	orting organization opei	ated in co	nnection v	vith its supported organi	zation(s)						
		that is not functionally int												
		requirement (see instructi												
_		Check this box if the orga												
e							t type i, type ii, type iii							
	_	functionally integrated, or		nally integrated support	ing organi.	zation.		<u> </u>						
f		r the number of supported o	•											
g		ide the following information			(iv) Is the orga	nization lielad	((w) Amount of other						
	(1) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-10	in your governi	no document?_	(v) Amount of monetary	(vi) Amount of other support (see instructions)						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
					I									
					 		,							
		·		·	<u> </u>									
					1									
		-	-		 									

Schedule A (Form 990 or 990 EZ) 2018 RIVERDALE SCHOOL DISTRICT FOUNDATION

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	ınclude any "unusual grants ")	915,524.	1,045,959.	1,246,696.	1,369,172.	1,412,168.	5,989,519.				
2	Tax revenues levied for the organ-										
	ızatıon's benefit and either paid to										
	or expended on its behalf	<u></u>									
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	015 504				110 160	5 000 510				
	Total. Add lines 1 through 3	915,524.	1,045,959.	1,246,696.	1,369,172.	1,412,168.	5,989,519.				
5	The portion of total contributions				<i>'</i>						
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4			_ ,	l		5,989,519.				
	ction B. Total Support										
	ndar year (or fiscal year beginning in) 🕨	(a) 2014 915, 524.	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 4	915,524.	1,045,959.	1,246,696.	1,369,172.	1,412,168.	5,989,519.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	7 457	0 252	0 (10	12 267	16 261	E4 0EE				
	and income from similar sources	7,457.	9,252.	8,618.	13,267.	16,361.	54,955.				
9	Net income from unrelated business										
	activities, whether or not the				2 022		2 022				
	business is regularly carried on				2,022.		2,022.				
10	Other income Do not include gain			1	j						
	or loss from the sale of capital			Í							
	assets (Explain in Part VI)		-				6,046,496.				
	Total support. Add lines 7 through 10						6,046,496.				
	Gross receipts from related activities,					12					
13	First five years. If the Form 990 is for	_	s first, second, third	d, fourth, or fiπh tax	x year as a section	n 501(c)(3)	_				
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage								
	Public support percentage for 2018 (olumn (f))		14	99.06 %				
	Public support percentage from 2017		•	Oldifili (1))		15	99.22 %				
	33 1/3% support test - 2018. If the c			line 13 and line 1	4 is 33 1/3% or m	 					
104	stop here. The organization qualifies				110 00 17070 01 11	ioro, orioon and oo	▶ X				
h	33 1/3% support test - 2017. If the o		_		line 15 is 33 1/3%	or more, check th	-				
_	and stop here. The organization qual						▶□				
17a	a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"						ightharpoons				
b	10% -facts-and-circumstances tes					7a, and line 15 is	10% or				
_	more, and if the organization meets the	-									
	organization meets the "facts-and-circ						▶□				
18	Private foundation. If the organization		-				s >				
						dule A (Form 990					

	edule A (Form 990 or 990 EZ) 2018 R irt III Support Schedule for C	IVERDALE Organizations	Described in	Section 509(a)(2)	94-318	7982 Page 3
	(Complete only if you checked	_				Part II If the organ	ızatıon fails/to
Sac	qualify under the tests listed betion A. Public Support	elow, please com	olete Part II)		·	<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 23	(5) 23 .0	(0, 20.0	(,==	/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					4	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and			/	<i>,</i>		
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		L	/	 		
	Public support. (Subtract line 7c from line 6.)		<u></u>	/	<u></u>	<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 /	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2014	(5) 2010	(0) 2010	(4) 2011	(0) 20 10	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r thể organization's	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ızatıon,
	check this box and stop here	/					<u> </u>
	ction C. Computation of Publ			·		, ,	
	Public support percentage for 2018/(I			column (f))		15	<u>%</u>
	Public support percentage from 2017			····		16	<u>%</u>
Sec	ction D. Computation of Inves					T.= I	
17	Investment income percentage for 20			ne 13, column (f))		17	
18	Investment income percentage from			an line 4.4 1	45	18	17 is not
198	33 1/3% support tests - 20,18. If the						I / IS NOT
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	
~~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check t	ınıs dox and see ir	ISTRUCTIONS	

Schedule A (Form 990 or 990-EZ) 2018 RIVERDALE SCHOOL DISTRICT FOUNDATION

Part IV Supporting Organizations

Section A. All 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)

-	Are all of the organization's supported organizations listed by name in the organization's governing
- 1	Are all of the ofganization's supported organizations listed by name in the ofganization's doverning

- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B 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
1		
2		
3a	ļ	ļ,
3b	<u> </u>	
Зс		
	<u> </u> -	
4a	 	
4b		
1		
-		
5a		<u> </u>
5b		
5c		
6		
7		
-	-	-
8		
<u></u>		
9a		
9b		
9c		
'		
10a		
10b		

Schedule A (Form 990 or 990 EZ) 2018 RIVERDALE SCHOOL DISTRICT FOUNDATION 94-3187982 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 035 7 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

2

<u>3</u>

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2018

2

3

4

7

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2018 RIVERDALE SCH	OOL DISTRICT F	OUNDATION 9	4-3187982 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organia	anizations (continued)	
Sect	on D - Distributions		<u></u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<u>. </u>	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6_	Other distributions (describe in Part VI). See instructions	<u> </u>		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
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			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
J.	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7; \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4			[
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			!
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3 _j			
	and 4c.			
8	Breakdown of line 7.	·		
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A	(Form 990 or 99	90-EZ) 2018	RIVER	DALE	SCHOOL	DIST	RICT	FOUNDATI	ON	94-31	87982	Page 8
Part VI	Supplemer Part IV, Section line 1, Part IV, Section D, line	ntal Inform n A, lines 1, Section D, li s 5, 6, and 8	nation. P 2, 3b, 3c, 4 nes 2 and 3	rovide th lb, 4c, 5a 3, Part IV	e explanation , 6, 9a, 9b, 9 , Section E, li	ns required c, 11a, 11b nes 1c, 2a,	by Part I o, and 110 . 2b, 3a, a	I, line 10, Part II, c, Part IV, Section and 3b; Part V, lin ete this part for a	line 17a or 1 n B, lines 1 a le 1, Part V,	and 2, Pan Section B	t IV, Section , line 1e, Pa	ı C, rt V,
	(See instruction	ns)	<u></u>			<u> </u>	· <u>-</u>					
										<u> </u>		
											_	
										-		
			· · · · · · ·				•					
						-						
				·							 _	
				- · <u> </u>			. <u> </u>					
												
						-						
						-				_		
							· · · · · ·					
	· · · · · · · · · · · · · · · · · · ·							-		_		
				<u></u>						·		
												
			·						,			
					· · · · · · · · · · · · · · · · · · ·	<u> </u>					<u>-</u>	· · <u>- · · · · · · · · · · · · · · · · ·</u>
		·						<u> </u>				
	<u> </u>		· — · · · ·		·····			 , .				-
				_				-				
	-				-							
								· · · · · · · · · · · · · · · · · · ·				
	<u> </u>									-		-

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

|--|

ation number. 1187982

OMB No 1545-0047

Name of the organization	Employer identific
RIVERDALE SCHOOL DISTRICT FOUNDATION	94-
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	X X

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

Part III 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	\$5,000 Part II can	be duplicated if additi	ional space is need	per			
1 (a) Name and address of organization or government	(a) 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
RIVERDALE SCHOOL DISTRICT 51J 11733 S.W. BREYMAN AVENUE PORTLAND, OR 97219		PUBLIC SCHOOL	1,240,300.	.0			TO FILL THE SIGNIFICANT GAP BETWEEN AVAILABLE FUNDING AND LOCAL OPTION REVENUES AND THE ACTUAL
		,					
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in th	isted in the line 1 table				

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

94-3187982 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 RIVERDALE SCHOOL DISTRICT FOUNDATION Schedule I (Form 990) (2018) Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					•
Supplementa		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	Iditional information	
FART 1, LINE 2: THE SUPERINTENDENT OF RIVERDALE SCHOOL		FRICT REPO	RTS BACK O	DISTRICT REPORTS BACK ON THE USE OF	
FUNDS PERIODICALLY TO THE BOARD OF		ERDALE FOU	RIVERDALE FOUNDATION AT SELECT	SELECT	
MEETINGS DURING THE YEAR.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	: RIVERDALE		SCHOOL DISTRICT	51J	
(H) PURPOSE OF GRANT OR ASSISTANCE:	TO	FILL THE SIGN	SIGNIFICANT GAP	P BETWEEN	

Schedule I (Form 990) (2018)

AVAILABLE FUNDING AND LOCAL OPTION REVENUES AND THE ACTUAL COST OF

832102 11-02-18

Schedule	I (Form 990)	RIVI mental Information	ERDALE	SCHOOL	DISTRICT	FOUNDATION	94-3187982	2 Page 2
Partiv	Supple	mental Information	on			<u> </u>		
RIVER	DALE'S	EXCEPTIONAL	L EDUC	ATION.				
					·			
				·				
								
		··········						

						······································		ı
		····					· · · · · · · · · · · · · · · · · · ·	
					<u> </u>	. <u>-</u>	· · · · · · · · · · · · · · · · · · ·	
								
		·				· ······		
			-					
				 			<u></u>	
								
						·	<u></u>	
								
						··········		
						·		
						· -	······································	
								
							<u> </u>	
			•					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization RIVERDALE SCHOOL DISTRICT FOUNDATION Employer identification number 94-3187982

Par	ti iype	s of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on		(d) od of determ contribution :		ts
1	Art - Works of	art								
2	Art - Historica		-		**					
3	Art - Fractions			· · · · · · · · · · · · · · · · ·	•					
4	Books and pu									
5	•	household goods								
6	Cars and other	~								
7	Boats and pla									
8	Intellectual pr						_			
9	Securities - Pi	•	X	6	6.7	,920.	FMV			
10		losely held stock				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11		artnership, LLC, or								
''		•								
12	trust interests Securities - M			·			-			
13							<u> </u>			
13		servation contribution -								
14	Historic struc									
14 15	Qualified cons									
15	Real estate - I									
16										
17										
18	Collectibles									
19	Food inventor									
20	-	edical supplies				· 				
21	Taxidermy					-				
22	Historical artif						<u> </u>			
23	Scientific spe				 					
24	Archeological									
25	Other	()								
26	Other	()								
27	Other	()								
28	Other -	()							-	
29		orms 8283 received by the organi								
	for which the	organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29			T	г
	_								Yes	No.
30a		ar, did the organization receive by							1	1
		at least three years from the date		al contribution, and	í which isn't requii	red to be u	sed for		·	ليدا
	exempt purpo	oses for the entire holding period	?					30a	 _	X
b		ribe the arrangement in Part II.						<u> </u>	·	لــــا
31	Does the orga	anization have a gift acceptance p	policy that re	equires the review	of any nonstanda	rd contribi	itions?	31	X	
32a	Does the orga	anization hire or use third parties	or related or	ganızatıons to solı	cit, process, or se	ll noncash				
	contributions	?						32a	ļ	X
b	If "Yes," desc	ribe in Part II.							1	
33	If the organiza	ation didn't report an amount in c	olumn (c) fo	r a type of propert	y for which columi	n (a) is che	cked,			
	describe in Pa	art II							<u>'</u>	
LHA	For Paperv	vork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Sch	edule M (For	m 990	2018

Part	: 11	Suppl s repor	emental	Infor	mationn (b),	on. Prov	vide the	e inf	ormation required	by Part I, I	nes 30b, 32b,	and 33 a con	3, and whether the organization of both Also comple	Page 2 n ete
SCH	EDUL	Е М	, PARI	I,	COI	LUMN	(B)	:						·
THE	NUM	BER	REPOR	RTED	IN	COL	UMN	В	REPRESENT	rs the	NUMBER	OF	CONTRIBUTIONS.	
	_			_								-		
	<u></u>													
		_											1	
														_
	_													
-				_								_		
														
			•											
		-												
								-			******			
										<u></u>				
											· · · · · · · · · · · · · · · · · · ·			
	_										-			-
									<u> </u>					
			-			<u>- · · · · · · · · · · · · · · · · · · ·</u>								
			-			_ 							<u> </u>	
									· · · · · · · · · · · · · · · · · · ·					-
	-	·							_	-			· · · · · · · · · · · · · · · · · · ·	_
•												_		
	-													
	·													_
	-	_	=						-					-

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. Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

RIVERDALE SCHOOL DISTRICT FOUNDATION

Employer identification number 94-3187982

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO FILL THE SIGNIFICANT GAP BETWEEN AVAILABLE FUNDING FROM STATE AND
LOCAL OPTION REVENUES AND THE ANNUAL OPERATING BUDGET OF THE RIVERDALE
SCHOOL DISTRICT. FUNDS RAISED FROM OUR ANNUAL CAMPAIGNS MAINTAIN SMALL
CLASS SIZES AND THE BREADTH OF PROGRAMS THAT HAVE SET THE STANDARD FOR
EXCEPTIONAL EDUCATION IN OREGON.
FORM 990, PART VI, SECTION A, LINE 8B:
THE FOUNDATION DOES NOT HAVE COMMITTEES THAT CAN ACT ON BEHALF OF THE
GOVERNING BODY. THE BOARD OF DIRECTORS MAKES ALL DECISIONS AND TAKES ALL
ACTIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER GATHERS INFORMATION AND PROVIDES TO CPA FIRM FOR PREPARATION.
THE FOUNDATION PRESIDENT REVIEWS THE COMPLETED RETURN WITH THE TREASURER
PRIOR TO FILING. THE COMPLETED RETURN IS POSTED ONLINE AND ACCESSIBLE TO
ALL BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION ASKS AT THE BEGINNING OF EACH FISCAL YEAR WHETHER DIRECTORS
OR OFFICERS HAVE CONFLICTS OF INTEREST. THEY READ THE POLICY, SIGN A FORM
AND SUBMIT IT TO THE SECRETARY WHO KEEPS THE SIGNED FORMS ON FILE.
FORM 990, PART VI, SECTION C, LINE 19:

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

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

REQUEST.

THE ORGANIZATION MAKES ITS FINANCIAL DOCUMENTS AVAILABLE TO THE PUBLIC UPON