# SCANNED JAN 1 7 2022

... **990** 

(Rev January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

2019

► 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 1212

Open to Public Inspection

OMB No 1545-0047

		0010I			9001101111390 101 111				Jimation: 1	Ψ-	mspection	
				year beginning			2019, and end	ung			<u>,</u> 20	
В	Check if	applicable	C Name of organ	ization The 1040	Olnitiative, Inc.					D Empl	oyer identification number	
	Address	change	Doing busines	s as 1040i						_	27-0659329	
	Name ch	ange	Number and s	treet (or PO box	ıf mail is not delivered	to street a	ddress)	Room	n/suite (	E Telephone number		
	Initial reti	urn	PO Box 72176	5	<del></del>			<u> </u>			405-919-5540	
	Final retu	m/terminated	City or town, s	tate or province, o	country, and ZIP or for	eign postal	code		ı			
	Amended	d return	Norman, OK 7	3070-8349						G Gross	receipts \$ 507806	
	Application	on pending	F Name and add	ress of principal o	fficer Mike Cousine	au	<del></del> +		H(a) Is this a grou	p return fo	or subordinates?  Yes No	
	_		PO Box 72176	5 Norman, OK	73070-8349		$\sim$	_	H(b) Are all sub	ordinat	tes included? Tyes No	
ſ	Tax-exen	npt status	<b>√</b> 501(c)(3)	501(c) (	) ◀ (insert no )	4947	(a)(1) or (1)62		If "No," at	tach a li	st (see instructions)	
1	Website:	: ► www.10	40ı.org	<del></del>	···				H(c) Group exe	emption	number ▶	
ĸ	Form of o	organization	Corporation	Trust Associ	ation ☐ Other ►		L Year of for	rmation	1	M State	of legal domicile	
P	art I	Summa	ry									
	1			nızatıon's mis	sion or most signi	ficant ac	tivities: The	Compa	any takes hel	p, hop	e and healing to	
é		<del>-</del>	_		-						rt-term trips to aid	
aŭ	l .				levelopment ende							
ern							ns.or dispos	ed of	more than 2	5% of	its net assets	
õ	3	Number of	voting memb	ers of the gov	n discontinued its erning body (Part	VI. line 1	a) Internal P	even	-2 Service	3	7	
æ	4	Number of	independent	votina membe	erning body (Part ers of the governing	na hody	Part VI line	HŞ E	ank - USB	4		
es					ın calendar year 2			334		5	3	
Σ	l .			ers (estimate if		.010 (i ai			. ~ .	6	110	
Activities & Governance	l .			-	Part VIII, column	(C) line	. NUV	30	2020	7a	110	
	1				from Form 990-			• •		7b		
	5	INCL UITICIAL	ed business to	axable income	s noint onn 990°	1, 11116 36		<del>. i · ·</del>	Prior Year	7.0	Current Year	
	8	Contributio	one and arante	(Part VIII, line	: 1h)		Ogo	le <del>n, (</del>	<del></del>	62725		
ire			-							63735	514979	
Revenue		•		e (Part VIII, line		 7al)		-		,		
æ	1			·	A), lines 3, 4, and							
	ı				es 5, 6d, 8c, 9c,				· · · · · · · · · · · · · · · · · · ·			
					must equal Part V				7	63735	514979	
	l				IX, column (A), lin	-						
	l	·•		•	X, column (A), line	-		<u> </u>				
es	l .		•		benefits (Part IX,				<u>1</u>	<u>54100</u>	179961	
Expenses	l		•	•	column (A), line 1							
×	l .				lumn (D), line 25)		37267	<u> </u>				
ш	1	•		, , ,	nes 11a-11d, 11f-			<u> </u>	5	35604	<u>4</u> 65681	
					equal Part IX, co				6	89704	645642	
	19	Revenue le	ss expenses.	Subtract line	18 from line 12 .	<u> </u>	<u> </u>			740 <u>31</u>	-130663	
Net Assets or Fund Balances								Beg	inning of Currer	nt Year	End of Year	
sset	20		s (Part X, line	•					10	94185	958053	
et A	21		ties (Part X, lın	•						24148	18679	
Ž	22			ces. Subtract	line 21 from line 2	20 .	· · · ·	Ш	10	70037	939374	
Pa	art II	Signatu	re Block									
Un	der penal	ties of perjury,	I declare that I ha	ave examined this	return, including acco	mpanying	schedules and s	tatemer	nts, and to the b	est of r	my knowledge and belief, it is	
tru	e, correct	, and complete	e Declaration of b	reparer (other tha	n officer) is based on a	iii informati	on or which prep	arer na	s any knowledg	e 	<u>.                                    </u>	
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Siç	yn 💮	Signati	ure of officer		_				Date	•		
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Ma	v the IR			the preparer	shown above? (se	ee instru	ctions)		,	<u> </u>	. Tyes No	

	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The vision of 1040i is to transform the lives of people in need by fighting pain and suffering in the most isolated places on our globe.
	The primary focus is centered on health and education needs between 10 degrees and 40 degrees north of the equator spanning
	across North Africa and the Middle East.
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
4	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.
	the total expenses, and revenue, if any, for each program service reported.
- 10	(Code: \(\( \( \)
4a	(Code: ) (Expenses \$ 267208 including grants of \$ ) (Revenue \$ )
	Projects and Trips: This is 1040i's largest program. In 2017 1040i conducted 2 trips to Cote d'Ivoire. The first trip in February had 61
	North American volunteers. The medical team, which included 5 surgeons, performed 88 surgeries and treated 478 clinical patients.
	They saw 339 patients in eye clinics and performed 42 cataract surgeries. The educational team built an additional dormitory for
	younger students. The second trip in June had 18 volunteers, and they worked on renovating the Bilingual Academy and prepared
	the classrooms for the following school year. There medical team conducted a prosthetic clinic, and 15 people were given the ability
	to walk again with a prosthetic limb. There was a trip to Morocco for a women's health project with 12 volunteers during which 446
	women were treated in the OB/GYN clinics.
41-	/O-d
4b	(Code: ) (Expenses \$ 170461 including grants of \$ ) (Revenue \$ )
	Tanda Rilingual Academy: In 2014, 1040i enrolled students for first and second grade at its bilingual academy in Tanda. Cote d'ivoire
	Tanda Bilingual Academy: In 2014, 1040i enrolled students for first and second grade at its bilingual academy in Tanda, Cote d'ivoire
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art	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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		1
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 13	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 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	<u>v</u>
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<b>√</b>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓_
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<b>✓</b>	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19	_	
20a	If "Yes," complete Schedule G, Part III	20a		<b>√</b>
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		✓
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		<b>/</b>
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		1
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 19? <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	·	· ·	
_			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	/	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>V</b>	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<b>                                     </b>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	<del></del>		
70	a 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 ▶	- Tu		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50	_	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter:			
а	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:	[ ]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ļ		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			_
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
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		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes." complete Form 4720. Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on 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 7			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3_		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		1
6 7-	Did the organization have members or stockholders?	6		<b>-</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	_	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-	Did the annual seek to be a local should be a to be a	40-	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	<b>✓</b>	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	
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		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>-</b> ✓
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?			
a	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>	
b	Other officers or key employees of the organization	15b	<b>✓</b>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	401		
Santi	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed • OK			
18				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (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 on Schedule O)	·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		•	онсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Mike Moran, 13204 Grape Arbor Terr, Oklahoma City, OK 73170, 405-919-5540	cords	•	

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Form	ann i	(2019)
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Part VII	Compensation of Officers,	Directors, T	rustees, Ke	ey Employees,	<b>Highest C</b>	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 employees."
- 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. See instructions for the order in which to list the persons above.

□ Check this box if neither the organization nor	r any relate	a org:	anız	atio	n c	ompe	nsa	ted any current (	officer, director,	or trustee.
				((	C)	_				
(A)	(B)	,			ition	. 41		(D)	(E)	(F)
Name and title	Average hours per week	box, office	unles	s pe dad	rson	than on the street of the stre	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Rob Garıbay - Vice President		✓	:							
(2) Tim Rolen - Board Member		1								
(3) Blaine Rogers - Board Member		1								
(4) Joe VanBreemen - Board Member		1								
(5) Dr. John Geisler - Board Member		1							_	
(6) Dr. Kelly Manahan Geisler - Secretary		1		1						
(7) Mike Cousineau - President		1		<b>✓</b>	✓	1		77217		
(8) Mike Moran - Treasurer (Non-voting)				1						
(9)										
(10)										
(11)				_						
(12)										
(13)		-								<del></del>
(14)										

∘Part	VII Section A. Officers, Directors,	Trustees,	Key I	Εmį	ploy	yee	s, an	s, and Highest Compensated Employees (continu					tınued)
	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	office of directo	unles	Pos neck ss pe	rson	n oth sin Highest compensated the solor of employee	n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Report compen from re organiz (W-2/1099	table sation lated ations	(F) Estimated a of oth compens from t organization related organ	er ation he on and
(15)				ee			sated						
(16)								-					
(17)			]										
(18)								-					
(19)													
(20)						-							
(21)			1										
(22)													
(23)						_							
(24)											_		
(25)													
1b c d	Subtotal	VII, Section						<b>&gt; &gt; &gt;</b>	77217				
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited				_	above	e) w	<del></del>	e than \$1	00,000	of	
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> . For any individual listed on line 1a, is the organization and related organizations <i>individual</i> .	Schedule J sum of re	<i>for su</i> portal	<i>ich</i> ole d	<i>indi</i> com	vidi per	<i>ual</i> nsatio	n a	nd other comper	nsation fr	 om the	3	s No
5	Did any person listed on line 1a receive of for services rendered to the organization									ion or inc		<del></del>	-
Secti	on B. Independent Contractors			_									
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	ress							(B) Description of serv	rices	(	(C) Compensation	)
						_							
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed above	e) who			

Part	VIII	Statement of Revenue Check if Schedule O contains a response	or note to an	v line in this Pa	rt VIII	_	
		Office it Scriedule o contains a response	or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					ŀ
Centributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c		ı			
iifts ar A	d	Related organizations 1d					
S, G	е	Government grants (contributions) 1e			,		
ig Si iž	f	All other contributions, gifts, grants,			:		
but the		and similar amounts not included above 1f	514979				
<u> </u>	g	Noncash contributions included in lines 1a–1f 1g \$					
S S	h	<b>Total.</b> Add lines 1a-1f	•	514979			[
	<u> </u>		Business Code	514979	<u> </u>		
Program Service Revenue	2a						
	b						
gram Ser Revenue	С			· · · ·			
ame	d						
ğ E	e						
č	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, i					}
		other similar amounts)		<del></del>	<u> </u>	<del></del>	
	4 5	Income from investment of tax-exempt bond Royalties	proceeds				
	٦	Royalties	(II) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from (i) Securities	(II) Other				
		sales of assets					
		other than inventory 7a					
ine	b	Less: cost or other basis					
venue		and sales expenses 7b					
Be	d	Gain or (loss)	-	-			
Other		Net gain or (loss)					
ō	Oa	events (not including \$					
		of contributions reported on line					
		1c) See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	s <b>&gt;</b>				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less direct expenses 9b		<del></del>			
	C	Net income or (loss) from gaming activities	•				
	10a	Gross sales of inventory, less returns and allowances 10a					
	ь	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory	•			<u> </u>	
y			Business Code	·			
e e	11a						
scellaneo Revenue	b						
eve	С						
Miscellaneous Revenue	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	🕨 🛭	514979			

	· - <b>/</b>		
ePart IX	Statement of Functional	Expenses	 -,

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	437669	437669		
4	Benefits paid to or for members	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	Compensation of current officers, directors, trustees, and key employees	109417	51426	39390	18601
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	59472	27952	21410	10110
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6500	3055	2340	1105
9	Other employee benefits	0300	3033	2540	1100
10	Payroll taxes	4572	2149	1646	777
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5500		5500	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	_			
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.)	950			950
12	Advertising and promotion	5622			5622
13	Office expenses	15783		15783	
14	Information technology				· —
15	Royalties				
16	Occupancy				
17	Travel	157	16	39	102
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		_		
20	Interest				
21	Payments to affiliates		-		
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses Itemize expenses not covored				i
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
a					<u> </u>
b					
C					
d	All other expenses				
e 25	All other expenses	045040		86108	37267
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	645642	522267	80108	3/20/
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and			1	
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Forr	n 990 (20	19)			Page <b>1</b> 1
۰P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	rt X	<u></u>	<u></u> 🗆
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	440250	1	29661
	2	Savings and temporary cash investments	236850	2	24435
	3	Pledges and grants receivable, net		3	
	1	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 632682			
	b	Less: accumulated depreciation	417085	10c	41708
	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	<del></del>	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 33)	1094185		95805
	17	Accounts payable and accrued expenses	24148	_	18679
		Grants payable		18	
	19	Deferred revenue	<del> </del>	19	
	20	Tax-exempt bond liabilities	<del></del>	20	<del></del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		-00	
ī	20			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
		· · · · · · · · · · · · · · · · · · ·		24	······································
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	24148		18679
		Organizations that follow FASB ASC 958, check here ▶ □	24140		10073
<u> </u>	ļ	and complete lines 27, 28, 32, and 33.	:		
<u>la</u>	27	Net assets without donor restrictions	575582	27	578876
B	28	Net assets with donor restrictions	494455		360498
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u> </u>
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ₹	32	Total net assets or fund balances	1070037	32	939374
ž	33	Total liabilities and net assets/fund balances	1094185		958053

Total liabilities and net assets/fund balances .

33

Form **990** (2019)

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958053

1094185 33

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Page		1

Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	14979
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	45642
3	Revenue less expenses. Subtract line 2 from line 1	3		-1:	30663
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	10	70037
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		9:	<u> 39374</u>
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		_	,	
	If the organization changed its method of accounting from a prior year or checked "Other," of	explain	ın		
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:			,	
	Separate basis Consolidated basis Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both				
	☐ 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 ow the audit, review, or compilation of its financial statements and selection of an independent account		Of   2c		
	•				
	If the organization changed either its oversight process or selection process during the tax year, eschedule O.	xpiain (	ווכ		
3~	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in 44	20		
Sa	Single Audit Act and OMB Circular A-133?	יו ווו ווו נו	3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	 deraa ti		$\vdash$	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		"   3b		
				m <b>990</b>	(2019)

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

**Public Charity Status and Public Support** 

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	of the o	organization					Employer Identification	number	
The 1	040 <u>In</u>	tiative, Inc.					27-06		
Par		Reason for Public Char						ns	
The c		zation is not a private founda							
1	_	church, convention of churc	•					Ra	
2		school described in <b>section</b>						O1	
3		hospital or a cooperative hos						_ (	
4	_	medical research organization	•	onjunction with a hosp	oital desc	rıbed in s	section 170(b)(1)(A)(	iii). Enter the	
		espital's name, city, and state				<b>-</b>			
5		organization operated for		college or university	owned o	r operate	ed by a government	al unit describe	d in
		ection 170(b)(1)(A)(iv). (Comp							
6		federal, state, or local gover							
7		n organization that normally			port from	a gover	nmental unit or from	the general pu	oıldı
	de	escribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)					
8	□ A	community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)				
9	☐ Ar	n agricultural research organi	ization described	in <b>section 170(b)(1)</b>	(A)(ix) op	erated ın	conjunction with a la	and-grant colle	зе
		university or a non-land-gra	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or	
		niversity:			<b></b>				
10	✓ Ar	n organization that normally receipts from activities related	receives: (1) more	e than 331/3% of its su	upport fro	m contril	butions, membership and (2) no more that	o tees, and gros	iS
	Su	ipport from gross investment	t income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses	
	ac	equired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	ı <b>)(2).</b> (Cor	nplete Pa	art III.)		
		n organization organized and							
12		n organization organized and							
		one or more publicly support							
		neck the box in lines 12a thro	-						
а		Type I. A supporting organ							ng
		the supported organization					he directors or trust	ees of the	
	_	supporting organization. You							
b	Ш	Type II. A supporting organ							
		control or management of				persons	that control or man	age the support	.eu
	_	organization(s). You must	-				a with and functions	Illy intograted w	ith
С	Ш	Type III functionally integ						any integrated w	/IUI,
								utad avaansati	- n/o\
d	Ш	Type III non-functionally integrated that is not functionally integrated in the state of the sta	integrated. A su	pporting organization	operated operated	a dietribi	ition requirement an	d an attentiven	200 201(2)
		requirement (see instruction						u an attentiven	533
_		·	•	-				. II. Tuno III	
е	Ш	Check this box if the organ functionally integrated, or	lization received	a written determination	on from ti	ne IKS In: organizat	at it is a Type i, Type	я п, туре пі	
	Ent	er the number of supported of		tionally integrated sup	sporting .	Jigariizat	iori.		
f g	_	vide the following information		orted organization(s)					
9		ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	:
	(i) ivai	ne of supported organization	(1) 2.11	(described on lines 1-10	listed in you	ır governing	support (see	other support (s	
				above (see instructions))	aocu	ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)			-						
(C)									
(D)									
<del></del>									
(E)									
			Service and the service of the servi		85-3646F-4-				
Tota	l		- 共2000年		W. C. C.				

。Part	II Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatioi	n failed to qu	alify under
<u> </u>	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 2015	(h) 2016	(a) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(u) 2018	(6) 2019	(I))/IOIAI
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		<u> </u>	1 1 2217	( )) 0040	4.3.0040	(6) Tabal
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for all				or fifth tax v	12 ear as a section	on 501(c)(3)
13	organization, check this box and stop/he						<b>▶</b> □
Secti	on C. Computation of Public Suppor		je				
14	Public support percentage for 2019 (line			11, column (f))		14	%
15	Public support percentage from 2018 Sci	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2019. If the organ	ızatıon did not	check the bo	x on line 13, a	nd line 14 is 3	31/3% or more,	check this
_	box and stop here. The organization qua						<b>&gt;</b>
b	331/3% support test - 2018. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	tion		<b>&gt;</b> 🗀
17a	10%-facts-and-circumstances test – 2: 10% or more, and if the organization meets the 'organization	eets the "facts 'facts-and-circ	s-and-circumst cumstances" te 	ances" test, cest. The organ	heck this box a ization qualified	and <b>stop here</b> s as a publicly 	Explain in supported
b	10%-facts and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization in	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
18	supported organization	 id not check a	box on line 13		a, or 17b, chec	k this box and	see
	instructions						🕨 🔲

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		-				
_	received (Do not include any "unusual grants.")	713159	757889	939044	763735	514979	3688806
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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	]		j	,	j	
	organization without charge						
6	Total. Add lines 1 through 5	713159	757889	939044	<u>763735</u>	514979	3688806
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				j		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
C	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)	l j	,				******
Secti	on B. Total Support	<u> </u>					3688806
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	713159	757889	939044	763735	514979	3688806
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
13	(Explain in Part VI.)						· · · · · · · · · · · · · · · · · · ·
13	and 12.)	742450	757000	020044	702725	514070	3688806
14	First five years. If the Form 990 is for the	713159 ne organization	757889 's first, second	939044 d. third, fourth.	or fifth tax ve	sar as a section	
	organization, check this box and stop he	•			-		
Secti	on C. Computation of Public Suppor			<del>-</del>			
15	Public support percentage for 2019 (line 8	B, column (f), di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2018 Sch	nedule A, Part I	II, line 15 .		<u></u>	16	100 %
Secti	on D. Computation of Investment In-	come Percer	itage				
17	Investment income percentage for 2019 (					17	<u>o %</u> _
18	Investment income percentage from 2018					18	0 %
19a	331/3% support tests—2019. If the organ						
_	17 is not more than 331/3%, check this box	•	-				_
b	331/3% support tests—2018. If the organiz						
00	line 18 is not more than 331/3%, check this l		-	•	=		
_20	Private foundation. If the organization di	a not check a b	oox on line 14,	<u> 19a, or 19b, c</u>	neck this box a	and see instruc	tions 🕨 🗌

## 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	<u>aπ v</u>	.)	
Secti	on A. All Supporting Organizations	_	1.4	r <del></del>
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_	· · · · · · · · · · · · · · · · · · ·	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		ļ
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			<u> </u>
	despite being controlled or supervised by or in connection with its supported organizations.	4b		-
С	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 <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b	ļ	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
_		6	<del> </del>	
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
·	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
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.	9b	<u> </u>	
С	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.	9c	<u> </u>	
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	100		
L	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a	<del>                                     </del>	

determine whether the organization had excess business holdings.)

10b

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)			
	below, the governing body of a supported organization?	11a		L
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		İ
<u>Secti</u>	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		[	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		i	i i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			ļl
^		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		ĺ	ii
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		l	L
<u>Jectile</u>	on o. Type if 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		163	1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Section	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ,
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			}
	supported organizations played in this regard.	<u> </u>		اــــا
<u> </u>		3		<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations		-4:	-1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	risti u	Cuons	<b>S</b> ).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	see in	struct	ionsl
2	Activities Test. Answer (a) and (b) below.	,,,,	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
<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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	·	
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	egrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	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	ponsive	1
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019		- 1	
a	From 2014 .			
b	From 2015 .	1	1	
	From 2016		,	
<u>d</u>	From 2017			
<u>е</u>	From 2018			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	-		
$\overline{}_{i}$	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015	_		
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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.)
•	
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### **SCHEDULE D** (Form 990)

**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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name o	f the organization		Employer identification number
The 10	40 Initiative, Inc		27-0659329
Par		sed Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.		
	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 (for example, recre		of a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	-		. 2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in (		on a
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	f the footnote to the organization's fina	
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnotes.	held for public exhibition, education	, or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item (i) Revenue included on Form 990, Part VIII, line 1	SB ASC 958, to report in its revenue s for public exhibition, education, or resns:	statement and balance sheet works of search in furtherance of public service,
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art,	historical treasures, or other similar	
_	following amounts required to be reported under FA		•
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		

Part	Organizations Maintaining	Collections of Art,	Historical <sup>*</sup>	<u>Tre</u> asures, o	r Other Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and other r	·	•	<b>U</b>	gnificant use of its
а	☐ Public exhibition	`	d 🗌 Loan	or exchange p	orogram	
b	☐ Scholarly research		e  Othe	r		
С	☐ Preservation for future generations					
4	Provide a description of the organization XIII.	on's collections and e	explain how	they further the	e organization's exem	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra	ngements.				
	Complete if the organization 990, Part X, line 21.	answered "Yes" on	Form 990,	Part IV, line 9	), or reported an am	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Pa	rt XIII and complete th	e following t	able:		
						nount
C	Beginning balance				1c	·
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun					
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here if th	ie explanatio	n nas been pr	ovided on Part XIII .	<u>· · ·                                  </u>
Par			F 000	D=u4 IV / lune 4	0	
-	Complete if the organization					1415
4.	<b>5</b>	(a) Current year (I	) Prior year	(c) Two years b	ack (d) Three years back	(e) Four years back
1a	Beginning of year balance		<del></del> -	<del> </del>	<del></del>	
b	Contributions	<del></del>		<del></del>		<del></del>
с	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the		lance (line 1o	g, column (a)) h	neld as:	
a	Board designated or quasi-endowmen	t ▶%				
b	Permanent endowment >	%				
С	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2	•				
3a	Are there endowment funds not in the	possession of the org	ganization th	at are held an	d administered for the	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related or	•	•			3b
4	Describe in Part XIII the intended uses		endowment f	unds.		
Part				<b>-</b>		
	Complete if the organization	answered "Yes" on	ı		1a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other ba	1 ' '	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings	499	362		-104157	395205
C	Leasehold improvements					
d	Equipment	133	320		-111440	21880
е	Other					
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 990. P	art X, columi	n (B), line 10c )	<b>.</b>	417085

### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

16.

OMB No 1545-0047 20**19** 

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

Inspection
Employer identification number

Name of the organization The 1040 Initiative, Inc. 27-0659329 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ☐ Yes ☐ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and of offices in expenditures for region (by type) (such as, a program service. the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) (2)(3)(4) (5) (6)(7)(8)(9) (10)(11)(12)(13) (14)(15) (16) (17)Subtotal . . . . . Total from continuation . . sheets to Part I . c Totals (add lines 3a and 3b)

. Page **2** 

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(a) Name of organization	of (b) IRS code n section and EIN (if applicable)	(c) Region	( <b>d</b> ) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(5)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								:
(8)								<del></del>
(6)								
(10)					,			
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter tot by the IF 3 Enter tot	Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a Enter total number of other organizations or entitles	ent organizations lis grantee or counsel organizations or ent		are recognized as charities by the for section 501(c)(3) equivalency letter	s by the foreign cour	ntry, recognized as ta	ix-exempt  ▼	
ı							98	Schedule F (Form 990) 2019

. Page **3** 

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019

Part III Grants al

nod of non FMV, , other)																		
(h) Method of valuation (book, FMV, appraisal, other)	Cost	Cost						_			_							
(g) Description of noncash assistance	11021 Health and living supplies	163037 Health and living structures Cost										:						
(g) of nonc	Health and	Health and				!										:		
(f) Amount of noncash assistance	11021	163037																
(e) Manner of cash disbursement	In person	In person																
(d) Amount of cash grant																		
(c) Number of recipients	Communitie	Communitie		_														
of grant or assistance (b) Region (c) Number of recipients	West Africa	West Africa																
(a) Type of grant or assistance	(1) Supply Containers	(2) Medical and Construction	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Pao	e	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No`
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	<b></b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

### Part V

### Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part III: 1040i purchases supplies and equipment to be used and or distributed during short-term trips. Examples of these items are medical
supplies, personal mobility aids, school supplies, building supplies, and a mobile surgical unit to be used on each trip. 1040i records
hese disbursements at their cost. 1040i personnel and representatives control all purchasing and distribution of these items.
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### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

### 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

2019

Employer identification number

Open to Public Inspection

The 1040 Initiative, Inc.	27-0659329
Part IV Item 12a: 1040i engages the independent accounting firm of Rose Rock CPAs to audit its financial	statements. Audits have been per-
formed since 2011, and 1040i has received a clean audit opinion each year through 2018. 1040i's audits ar	e completed after the current year
Form 990 is completed, so this was answered "no" even though audits are completed on an annual basis.	
Part IV Item 14a: 1040i maintains certain fixed assets, such as the mobile surgical unit and vehicles, in Col	te d'Ivoire. These fixed assets
are kept in a locked facility, and a local individual is in charge of overseeing the safety of these items.	
Part VI Item 11b: This Schedule 990 and all related schedules were completed and distributed by email to a	all board members for review and
approval prior to filing.	
	2
Part VI Item 12c: 1040i has a written policy regarding conflicts of interest, and it is distributed to all board	members annually. At that time
the board members disclose any conflicts of interest they have, or that they have none.	·····
Part VI Item 15b: The 1040i board evaluates and sets salaries for the President and Secretary, which current	ntly are the only two compensated
individuals in the organization. The salaries are evaluated based upon duties, workload and performance,	
compensation of similar positions at other not for profit entities.	
Part VI Item 19: 1040i maintains their records to be available to the public. Records are made available up	on written request to 1040i.
Part XII Item 2b:The answer for this item was "no" because the audit of the 2019 financial statements have	not been conducted yet.
An audit was completed on the 2018 financial statements after the 2018 Form 990 was submitted, garnering	g a clean opinion. 1040i
intends for all future periods to be audited, but these audits will consistently be completed after submission	on of the current year Form 990.
·····	