EXTENDED TO MAY 17, 2021 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public (Rev January 2020) **Open to Public** Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020 Check if applicable C Name of organization D Employer identification number LIVE OAK CLASSICAL FOUNDATION Name change 83-2220421 Doing business as Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ O BOX 647 254-714-1007 term G Gross receipts \$ 26,133. City or town, state or province, country, and ZIP or foreign postal code Amended WACO, TX76703 H(a) Is this a group return Application F Name and address of principal officer ALISON MOFFATT Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? JYes L Tax-exempt status X 501(c)(3) 501(c) (insert no.) 4947(a)(1) If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number 🕨 K Form of organization: X Corporation Trust Association Other > Year of formation: 2018 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities TO GENERATE FUNDS TO SUBSIDIZE Governance AND SUPPORT CAPITAL AND ACADEMIC-ORIENTED PROJECTS OF LIVE OAK Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line_1b) 4 Activities & ō Total number of individuals employed in calendar year 2019 (Part V. line-2a) 5 0 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b プロジー Prior Year **Current Year** 262,195 25,650. Contributions and grants (Part VIII, line 1h) SCANNED APR 0 8 2022 0. Ō. 9 Program service revenue (Part VIII, line 2g) 768. 483. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 262,963. 26,133. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70,969. 152,308. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) <u>o</u>. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) Ō. 271 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 240 152,308. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 191,723 -126,175. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 191,723 65,548. 20 Total assets (Part X, line 16) Ō. 21 Total liabilities (Part X, line 26) О. 191. 723. 65,548. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ALISON MOFFATT, PRESIDENT Here Type or print name and title Preparer's signature Print/Type preparer's name

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

BOX

May the IRS discuss this return with the preparer shown above? (see instructions)

CPA BROWN

20725

TX 76702-0725

HERWALD,

PATTILLO

0. WACO,

Ρ.

SHARON M.

Firm's address

Firm's name

Paid

Preparer

Use Only

Form 990 (2019)

No

772-4901

P00079864

7<u>4-1</u>130599

X Yes

Firm's EIN

Phone no (254)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments		1 990 (2019) LIVE OAK CLASSICAL FOUNDATION	83-2220421	Page 2
1 Briefly describe the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 930 627 If "Yes," describe these new services on Schedule O If "Yes," describe these new services on Schedule O If "Yes," describe these changes on Schedule O If "Yes," describe the second of the strip that the second of the strip that the second of the strip that the second of the s	Pa	rt III Statement of Program Service Accomplishments		
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2 Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990 E2? If Yes, 'describe these new services on Schedule O 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	1			
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150 300	4d	Other program services (Describe on Schedule O)		
150 300		(Expenses \$ including grants of \$) (Revenue \$)	
	4e	Total program service expenses ► 152,308.		

Form **990** (2019)

LIVE OAK CLASSICAL FOUNDATION

BOROT

-2220421 Form 990 (2019) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Х similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D. Part III 8 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? Х If "Yes " complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in guasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 12 If "Yes," complete Schedule I, Parts I and II

Form **990** (2019)

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Pa	rt IV Checklist of Required Schedules (continued)			,
		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	┼≏
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>	 	
240	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		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	 	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	 	
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 -	\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	\vdash	
_	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 or 22, for receivables from or payables to any current	102		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)		l	l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		۱	
	Part V, line 1	34	X	ļ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Х
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	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	I	ļ	,,
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠.	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	l
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		1,,	<u> </u>
	Establishment of Barra of Establishment of State	0	Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable [54-4] In the number of Forms W 96 method by less 1 a Fotos 0 of not applicable	0		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	\dashv		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

	990 (2019) LIVE OAK CHASSICAL FOUNDATION	03-2220	421	۲	age 3
Rai	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 i	G-SSS-A	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	, ا			
	filed for the calendar year ending with or within the year covered by this return	2a U		9024	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	F-164563*	128 7 38
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		<i>Gran</i>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	• •			١,,
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	NESOT SASUE	X
ь	If "Yes," enter the name of the foreign country			100	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b	ļ	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	ļ	↓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			١
	any contributions that were not tax deductible as charitable contributions?		6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b	Eur 450 PPRY	41/ 780000
7	Organizations that may receive deductible contributions under section 170(c).			Will.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			١
	to file Form 8282?	1	7c	24 2 65 77	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h	***********	Yanasa Protes
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			200
	sponsoring organization have excess business holdings at any time during the year?		8	254 CM7 TG	16.66
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	SCALE NUMBER	7 7777
10	Section 501(c)(7) organizations. Enter				\$2.50°
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	· 1			
а	Gross income from members or shareholders	11a			3 (3
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1,	X	NA.
	amounts due or received from them)	11b			-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	X34 b.c^^ 1	DE FOLSO
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.		2	建	* 78 23
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	NY YAMIYAY	L
	Note: See the instructions for additional information the organization must report on Schedule O				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c		ALK!	ANN
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			,,
	excess parachute payment(s) during the year?		15	# ~(+#(V	X
	If "Yes," see instructions and file Form 4720, Schedule N			803/E	الأبيات
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X

If "Yes," complete Form 4720, Schedule O

Form 990 (2019) LIVE OAK CLASSICAL FOUNDATION 83-2220421 Page 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 on Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>
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		3 ∖⊹%		
	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.			200 to	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		2.05 E
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?	•	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, 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		Х
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	ppoint 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	stockholders, or			
	persons other than the governing body?	·	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:	1.42		40
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	sched at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue Code)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters, 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		- 350	EEE!	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," descnbe			
	in Schedule O how this was done		12c		Х
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approve	al by independent	SECTION		13.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ker.		
а	The organization's CEO, Executive Director, or top management official		15a		X
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)		8000	Ber!	. 25.55 25.55
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation	, Ç		Marie C
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ai	nd 990-T (Section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply		•		
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	•	nd finar	ncial	
	statements available to the public during the tax year	F			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
	DONNA ZEMANEK - 254-714-1007	- · ·			
	AND C ATH CORPER WACO TY 76703				

Form 990 (2	2019) LIVE	OAK CLASSICAL	FOUNDATION	83-2220421	Page 7
Part VII	Compensation of Office	cers, Directors, Trusto	ees, Key Employees, Highest Co	mpensated	
	Employees, and Indep	endent Contractors			
	Check if Schedule O contains	s a response or note to any l	ine 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. See instructions for the order in which to list the persons above

(A) Name and title	n i i i i i i i i i i i i i i i i i i i		itior more rson	rtion more than one rson is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual frustee or director	Insulutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREG NEWMAN	0.00							_		
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(2) CLINTON BLACK	0.00	ļ.,						0.	0.	•
DIRECTOR	0.00	X	-	<u> </u>	-	ļ	ļ	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.
(3) JEREMY COUNSELOR DIRECTOR	0.00	x			Ì			0.	0.	0.
(4) ALISON MOFFATT	1.00	┝	-		 	\vdash	\vdash	· · ·	0.	.
PRESIDENT		1		x				0.	69,000.	583.
(5) SHERYL GROPPE	0.00	1		 	H				03,0000	303.
CFO & SECRETARY	0000	1		x				0.	0.	0.
		_								
		-				-				

Form 990 (2019)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Pa	itį VI	Statement of Revent	ue					
		Check if Schedule O conta	ins 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
nts	1 a	Federated campaigns	1a				11 To 1 T	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, C	c	Fundraising events	1c					
a g	d	Related organizations	1d		4.0			
S, III	е	Government grants (contribution	ons) 1e					
er S	f	All other contributions, gifts, grants	s, and				200	
혈		similar amounts not included above)	25,650.				
on d	g		1a-1f 1g \$		25 650		S1.45	
<u>a</u>	h	Total. Add lines 1a-1f		<u> </u>	25,650.	2011252 VIII (0112)		
	_			Business Code				
Program Service Revenue	2 a							
Seri	b							
ın (C							+
Re	u							,
Pro	f	All other program service reven	nie					
		Total. Add lines 2a-2f		>			2 - 4 G	7. E. 1950 197
	3	Investment income (including of	dividends, intere	est, and		-		
		other similar amounts)		>	483.			483.
	4	Income from investment of tax-	roceeds					
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	- · · · · · ·						
		Less rental expenses 6b						
		Rental income or (loss) 6c		L	(4.9)			114 (134 (134 (134 (134 (134 (134 (134 (
		Net rental income or (loss)	(i) Securities	(ii) Other	anary or or or and a		12200 LOG SANCER - 1830	***********************
	/ a	Gross amount from sales of assets other than inventory 7a	(i) Securities	(ii) Other				
	,	Less cost or other basis						
Pe		and sales expenses 7b						
en.	c	Gain or (loss) 7c						
Re		Net gain or (loss)		•	2746634465227716323	26.77 523. 5347. 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 .	100707-23 83334440873	The section of the se
Other Revenue		Gross income from fundraising eve	ents (not			34222034	72.640	77 (SHE SHE
ð		including \$	of					
		contributions reported on line 1	1c) See					
		Part IV, line 18	8a					
	b	Less direct expenses	8b					
		Net income or (loss) from fundr		<u> </u>	Separate marginal description		warder on the state of	Autos vivas "Anstravinamas vi
	9 a	Gross income from gaming act						
		Part IV, line 19	9a					
		Less direct expenses	9b	l	2000年代·			
		Net income or (loss) from gamii						
	10 a	Gross sales of inventory, less re and allowances	eturns 10a					
	h	Less cost of goods sold	10b					
		Net income or (loss) from sales			NATIONAL SALESCENSIONS	8-49-201 A 6-2010-00-0-4	0.000000000000000000000000000000000000	AND THE PROPERTY OF THE PROPER
	<u>~</u>	TVOX III COMP OF (1000) IT OF TOWN OUT OF		Business Code				*
Miscellaneous Revenue	11 a	i I			and the state of t		and the second second	
ane	b							
e el	С							
ΣΨ	d	All other revenue						
	е	Total. Add lines 11a-11d			06.105			
	40	Total revenue See instructions		_	l 26 133.	ı ().	ı ().	1 483.

Form 990 (2019)

LIVE OAK CLASSICAL FOUNDATION

RartiX Statement of Functional Expenses

Section 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 respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	·		1.00	
	and domestic governments. See Part IV, line 21	152,308.	152,308.		
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		a a		
	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		* · · ·	·•	
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 (nonemployees)				
, а	Management				
· b	Legal		•		
С	Accounting				<u> </u>
d	Lobbying	_ · · ·	A Similar Town Andreador - Name of Name of the Property of the Andread Angle of the Andread Angle of the Angle of	acceptation of the six to the same	
ē	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	,			
g	Other (If line 11g amount exceeds 10% of line 25,	r		•	<i>'</i>
	column (A) amount, list line 11g expenses on Sch O.)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion		•	•	•
13	Office expenses +		+	•	
14	Information technology	-	-		,
15 16	Royalties Occupancy				
17	Travel			•	•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	٠			
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
20	Interest . T.		,		
	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	•	_		
23	Insurance				
24	Other expenses Itemize expenses not covered		A September 1		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	· · · · · · · · · · · · · · · · · · ·			•	
b		<u> </u>	,		
С		16	,		
, d			,		1
	All other expenses	150 200	152 200		1,
25	Total functional expenses. Add lines 1 through 24e	152,308.	152,308.	0.	0.
26	Joint costs Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined	·			
,	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)	l			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 59,898. $191,72\overline{3}$ 1 Cash - non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 5,650. Accounts receivable, net 4 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 ¥ 18 '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 7 Notes and loans receivable, net Inventories for sale or use 8 a Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b Less. accumulated depreciation 10c 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 191,723. 65,548. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 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 25 of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. 0. 29 29 Capital stock or trust principal, or current funds Net Assets 0. 0. 30 Paid in or capital surplus, or land, building, or equipment fund 191,723. 65,548. Retained earnings, endowment, accumulated income, or other funds 31 31 191,723. 65,548. 32 Total net assets or fund balances 65,548. 723. Total liabilities and net assets/fund balances

Form	990 (2019) LIVE OAK CLASSICAL FOUNDATION	83-	-2220421	Page 1	2
Pa	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		,133	
2	Total expenses (must equal Part IX, column (A), line 25)	2		308	
3	Revenue less expenses Subtract line 2 from line 1	3		,175	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	191	.,723	<u>•</u>
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		0	<u>.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	65	5,548	<u>•</u>
Pai	Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes No	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	- 34
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			M
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		لا فَمَنْكُ	X	L
b	Were the organization's financial statements audited by an independent accountant?		2b	A LATER	N.29
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis			्य
	consolidated basis, or both				Ŋ
	Separate basis Consolidated basis Both consolidated and separate basis				2
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		5:0
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				(y
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngie Au		x	
	Act and OMB Circular A-133?		3a	- ^	—
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200 (22)	<u>~</u>
			Form	990 (201	9)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

2019 Open to Public

OMB No 1545-0047

Name of the organization

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

Inspection

Employer identification number LIVE OAK CLASSICAL FOUNDATION 83-2220421 Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other ina document (described on lines 1-10 support (see instructions) organization support (see instructions) Yes Nο above (see instructions)) LIVE OAK CLASSICAL SCHOOL 77-0616274 2 Х 152,803. 0. 152,803.

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

to 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990 EZ) 2019 LIVE OAK CLASSICAL FOUNDATION

[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	on fails to
qualify under the tests listed below, please complete Part II)	
A Public Support	

Sec	ction A. Public Support	olow, please som	Dioto : art ii j				
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				ŀ		
t	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						
8	Public support. (Subtract line 7c from line 6)		<i>i</i>				
	ction B. Total Support		7			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
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						
	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 the organization's	s first, second, thi	d. fourth, or fifth t	ax vear as a secti	on 501(c)(3) organi	zation.
	check this box and stop here						▶ □
	Public support percentage for 2019 (·····		column (fil)		15	%
	Public support percentage from 2018		' -	55.G(1)(1))		16	
	ction/D. Computation of Investigation			·	· ····	1 10 1	70
_						17	<u></u> %
18							
	· · ·			on line 14, and line	e 15 is more than		
192	Da 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
į.	33 1/3% support tests - 2018. If the	-	•				and
ľ	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization		-	•		_	
产	Sebadula A (Form 000 or 000 E2) 2010						

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? "If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section, 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		,	
٠		Yes	No
	1.0		1.00
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		7.00	
			X
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	10b	200	assilis
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15.d	Type III Non-Functionally Integrated 509(a)(3) Supporting			1
1	Check here if the organization satisfied the Integral Part Test as a qualifying	- ,	· ·	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion 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			r
	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		,
Sect	ion B - Minimum Asset Amount	•	· (A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	9 8		
^	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		į.
d	Total (add lines 1a, 1b, and 1c)	1d	J	
	Discount claimed for blockage or other	30.00		
	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	9 90	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount ,	•		_ Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1'	77.8	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	LESSE CONSTRUCT	•
4	Enter greater of line 2 or line 3	4	777967577777777777777777777777777777777	
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	ly intear	ated Type III supporting orga	anization (see
•	instructions)	3	71	,

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		, , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		¢ .	
5	Qualified set-aside amounts (prior IRS approval required)		1	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e .	
	(provide details in Part VI) See instructions.		• • • • • • • • • • • • • • • • • • •	
_ 9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
ь	From 2015	472 378 37		
С	From 2016			
d	From 2017			
• е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	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	NOVA - \$1000000 NOVE ARXIVE NAME - 11130-1447 NOVO		
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 Part VI. See instructions		BOOK STREET SHOWS AND ALL CASH CASH CARREST STREET CASH CASH	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	(
	Breakdown of line 7			
	Excess from 2015		TORONO AND TO POST AND	SECOL XXXXX CONTRACTOR
	Excess from 2016			Delegant in a consequence
	Excess from 2017			RECOGNICATION OF THE PROPERTY OF
	Excess from 2018			
<u>e</u>	Excess from 2019		C-L-d-L-A	Form 990 or 990-F7\ 2019

Schedule A (Form 990 or 990-EZ) 2019 LIVE OAK CLASSICAL FOUNDATION 83-222042	1 Page 8
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 E, 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 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	tion C,
(See instructions)	
PART IV, SECTION C, LINE 1:	
FYE JUNE 30, 2019 WAS THE ORGANIZATION'S FIRST YEAR IN EXISTANCE AND	
WAS A SHORT YEAR BEGINNING OCTOBER 2, 2018.	
FORM 990, SCHEDULE A, SECTION C	
ALL THREE OF THE FOUNDATION'S DIRECTORS WERE ALSO DIRECTORS OF THE	
SUPPORTED ORGANIZATION, LIVE OAK CLASSICAL SCHOOL; HOWEVER, THESE THR	EE
DIRECTORS DO NOT REPRESENT A MAJORITY OF THE DIRECTORS OF LIVE OAK	
CLASSICAL SCHOOL. A MAJORITY OF DIRECTORS FOR LIVE OAK CLASSICAL	
SCHOOL WOULD BE SIX.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

LIVE OAK CLASSICAL FOUNDATION

Employer identification number 83-2220421

Pa	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin		runas or A	ACCOURTS. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in dor	or advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds	can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other p	ourpose confe	erring
	impermissible private benefit?			Yes No
Pa	t II. Conservation Easements. Complete if the org	ganization answered "Yes" on For	m 990, Part I\	/, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Preserv	ation of a hist	torically important land area
	Protection of natural habitat	Preserv	ation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in t	he form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a histori	c structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminate	ed by the orga	inization during the tax
	year >			•
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per		dling of	
	violations, and enforcement of the conservation easements in	t holds?	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforce	ing conservat	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing o	onservation e	asements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and	expense state	ement and
	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures	s, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
ta	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stat	tement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or resea	rch in further	ance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes th	ese items	
þ	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue stateme	ent and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items			•
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for	financial dain	
_	the following amounts required to be reported under FASB A			, p. 21.00
a	Revenue included on Form 990, Part VIII, line 1	and the state of t		> \$
	Assets included in Form 990, Part X			\$

Sche		K CLASSICA							20421	
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, or O	her	Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that mal-	e sigr	nificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	C	ı	Loan or exc	hange program					
b	Scholarly research	e	, []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how t	hey further t	he organization's e	xemp	t purp	ose ın Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or other sim	ıılar as	ssets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Yes"	on Fo	rm 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other assets i	not inc	cluded	_	_	
	on Form 990, Part X?								」Yes	Ll No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	T 1.:-
	Did the organization include an amount on F					-	7	<u> </u>	」 Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII								-	
Fai	t V Endowment Funds. Complete				1		Throc	roore back	/-> Four v	oore book
4.	Decrease of week belows	(a) Current year	1 (a) F	Prior year	(c) Two years back	(a)	Timee	ears back	(e) Four y	ears back
	Beginning of year balance					+				
	Contributions		 			+				
C C	Net investment earnings, gains, and losses					+-				
	Grants or scholarships		 			+				
e	Other expenditures for facilities		ļ							
	and programs Administrative expenses		 			+				
	End of year balance					+				
9 2	Provide the estimated percentage of the curr	rent year end haland	L (line 1	a column (s	l all held as				l	
a	Board designated or quasi-endowment	".	%	g, column (e	a)) Held as					
	Permanent endowment	%	_′°							
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation th	at are held a	nd administered fo	r the	organi	zation		
	py.	g					3		ΓY	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I	V, line 11a S	See Form 990, Part	X, lın	e 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other (c)	Accu	mulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)					0.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

(6) (7) (8) (9)

THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESS THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

CONSOLDIATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2020 AND

2019.

SCHEDULE I (Form 990) Internal Revenue Service

Name of the organization

Department of the Treasury

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

83-2220421

▶ Go to www.irs.gov/Form990 for the latest Information.

FOUNDATION

LIVE OAK CLASSICAL

[№] Schedule I (Form 990) (2019) EXPENDITURES FOR GRAMMAR (h) Purpose of grant or assistance TO FINANCE CAPITAL SCHOOL EXPANSION Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 152,308 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 77-0616274 Part I " General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization LIVE OAK CLASSICAL SCHOOL or government 420 S 5TH STREET WACO, TX 76706 Part II

OAK CLASSICAL FOUNDATION	
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le I (Form 990) (2019)	
chedu	

Page 2

83-2220421

Schedule I (Form 990) (2019) LIVE OAK CLASSICAL FOUNDALICAN
Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(f) Description of noncash assistance									
(e) Method of valuation (book, FMV, appraisal, other)				dditional information					
(d) Amount of non- cash assistance				(b), and any other a					
(c) Amount of cash grant				e 2, Part III, column					
(b) Number of recipients				luired in Part I, lin					
(a) Type of grant or assistance	,			PartiVi Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					

932102 10-26-19

Schedule I (Form 990) (2019)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Name of the organization

LIVE OAK CLASSICAL FOUNDATION

Employer identification number 83-2220421

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CLASSICAL SCHOOL IN WACO, TEXAS, AND OTHER CHARITABLE ACTS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE BOARD OF DIRECTORS FOR
REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION HAS NO EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part l

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

2019

OMB No 1545-0047

Employer identification number $83-2220\,421$ Open to Public Inspection:

LIVE OAK CLASSICAL FOUNDATION

Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Schedule R (Form 990) 2019 (g) Section 512(b)(13) ŝ × controlled entity Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year entity Direct controlling entity End-of-year assets Public charity status (if section 501(c)(3)) e LINE 2 Total income Exempt Code Û section 501(C)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) PEXAS Primary activity Primary activity PRIVATE SCHOOL For Paperwork Reduction Act Notice, see the Instructions for Form 990. LIVE OAK CLASSICAL SCHOOL - 77-0616274 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 400 S 4TH STREET 76706 Ϋ́ PartII WACO,

33

83-2220421

Schedule R (Form 990) 2019 LIVE OAK CLASSICAL FOUNDATION

Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

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8	Yes							country)				MARTINE
512(b)(13) controlled entity?	ownership	end-of-year owner		Snare of total	(C corp, S corp,		Direct controlling entity	Legal domicile (state or foreign	Frimary activity			of related organization
(E)					(e)			(c)		ı		(a)
elated	e or more r	, because it had on	rt IV, line 34	ırm 990, Paı	d "Yes" on Fc	on answere	ne organizati	omplete ıf t	oration or Trust. Co year	as a Corp	ganizations Taxable irporation or trust dur	Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year
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<u>d</u>	partner?	20 of Schedule F-	Allocations?				excluded from tax under sections 512-514)	excluded fr sections		(state or foreign country)		
sentage	l or Perc	Code V-UBI	9	of sar		Share	ant income unrelated.	Predomin (related.	trolling	Legal	Primary activity	Name, address, and EIN of related organization
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Page 3

Schedule R (Form 990) 2019 LIVE OAK CLASSICAL FOUNDATION

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		mount involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
		sp	relationships and transaction thresho	this line, including covered	who must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
×		L				
¬×		=				r Other transfer of cash or property to related organization(s)
×		14				q Reimbursement paid by related organization(s) for expenses
×		<u>_</u>				 P Reimbursement paid to related organization(s) for expenses
×	}	9				 Sharing of paid employees with related organization(s)
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××	ļ	= <u>E</u>			anization(s)	I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
\neg ×		*				k Lease of facilities, equipment, or other assets from related organization(s)
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×		2				c Gift, grant, or capital contribution from related organization(s)
×		2				Gift, grant, or capital contribution to related organization(s)
×		ţ.			,	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
٥ ک	Yes		Date 11:1//3	patal anditational leter	ayou yo odo qimo	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. Diring the tay year did the organization engage in any of the following transactions with one or more related engages listed in Darts II.IV.2.

Part VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2019 LIVE OAK CLASSICAL FOUNDATION	83-2220421 Page 5
Schedule R (Form 990) 2019 LIVE OAK CLASSICAL FOUNDATION Part VII Supplemental Information	-
Provide additional information for responses to questions on Schedule R. See instructions	
Trovide additional information for responses to questions on deficiency	
	
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