Form **990-EZ**

Short Form QO\(\) Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public

17 Total expanses Add lines 10 through 16				endar year, or tax year beginning	and en	ding		
Name charge	_	applicat	ole	C Name of organization			D Employer ic	dentification number
Room/sute E Telephone number Room/sute	닏	Addr	ess change					
Salary	Ļ	Name	e change	JKB Experiential Education For	<u>indation</u>			
Section Sec	느			•	ess)	Room/suite		
Inpresente passing Goodyear, AZ 85395 Number Accrual Other (specify) Individual (Ļ			16389 West Piccadilly Road	,			
Accounting Method: X Cash	Ļ	Amer	nded return		de	02	F Group Exer	nption
Website:	Ļ					$\frac{0}{0}$		
Tax-exempt status (check only one)			•	od: X Cash Accrual Other (specify)	· · - · · · · · · · · · · · · · · · · ·			
K Form of organization: X Corporation Trust Association Other			_				·	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8)) are \$500,000 or more, file Form 930 instead of Form 990-£7. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						or 527	(Form 990,	990-EZ, or 990-PF).
Column (B)) are \$500,000 or more, life form 990 unstead of Form 990-EZ			•	· — — — :			<u> </u>	
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17 Total expenses Add lines 10 through 16 17 4933.		15			Coo Cahad	,,10 0	1	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -37837.	(B)	1					18	/39.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -37837.		19					40	_20576
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -37837.	χ¥							
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P	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re	spond to any ques				<u> </u>
		<u> </u>	(A) Beginning of year	+-	(B) E	nd of year
22	, - 3-,		2688			823.
23		_		23	 	
24	7	-	2600	24		012
25 26		,	2688 41264		 	823. 38660.
27	·	·	-38576			-37837 .
	art III Statement of Program Service Accomplishme	nts (see the instru	ctions for Part III)	• 21		
<u> </u>	Check if the organization used Schedule O to re	*	•			rpenses for section
— Wh:	at is the organization's primary exempt purpose?	opona to any quoe	are in	<u> </u>		and 501(c)(4)
	cribe the organization's program service accomplishments for each of its three largest program	services as measured by evin	enses in a clear and concise		others.)	ons; optional for
	iner, describe the services provided, the number of persons benefited, and other relevant inform		and concise			
28	See Schedule O					
						
					1	
	(Grants \$) If this amount includes foreign	grants, check here			28a	_2838.
29						
	(Grants \$) If this amount includes foreign	grants, check here		<u></u>	29a	
30						
		<u> </u>			1 1	
	(Grants \$) If this amount includes foreign	grants, check here		يــــــــــــــــــــــــــــــــــــــ	30a	
31	Other program services (describe in Schedule O)		_		04.	
24	(Grants \$) If this amount includes foreign	grants, check here	<u>_</u>		31a	2838
32 P:	Total program service expenses (add lines 28a through 31a)		ne even if not compensated -	see the	32	2838.
32 P a	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	Employees (list each o			32	
32 Pa	Total program service expenses (add lines 28a through 31a)	Employees (list each o spond to any ques	tion in this Part IV	/	32 instructions f	or Part IV)
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to re-	Employees (list each o	(c) Reportable compensation (Forms	(d) He contrempte	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	Employees (list each o spond to any ques (b) Average hours	tion in this Part IV	(d) He contremple plans,	instructions f	or Part IV) (e) Estimated
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Badi Madi Codi Le	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title arry Baldwin Arector arty Bee Arector olleen Malany Arector eGrand L. Malany Arector amela Althoff	Employees (list each of spond to any quest (b) Average hours per week devoted to position 15.00 5.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple plans,	alth benefits, ibutions to byse benefit and deferred pensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
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JKB Experiential Education Foundation

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instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions Х 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A e Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III 35c X Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a 34950. b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 39b b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ▶ 0 • ; section 4955 ► section 4911 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any 40b X of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed \bullet IL Telephone no. \triangleright 630-651-1677 42a The organization's books are in care of ► Colleen Malany ZIP+4 ► 85395 Located at ▶ 16389 West Piccadilly Road, Goodyear, b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2020)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ	(2020) JKB Experiential Education	on Foundation		47-1421	<u>558</u>		Page -
	organization engage, directly or indirectly, in political campaign activiti	ies on behalf of or in opposition	on to candidates for p	ublic office?	46	Yes	No X
Part VI	Section 501(c)(3) Organizations Only				40	<u> </u>	Λ
	All section 501(c)(3) organizations must answer questions 47	7-49b and 52, and complet	te the tables for line	s 50 and 51.			
_	Check if the organization used Schedule O to respond to an	y question in this Part VI					
						Yes	
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II							X
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"				48	_	X
	organization make any transfers to an exempt non-charitable related o was the related organization a section 527 organization?	rganization?			49a		X
	e this table for the organization's five highest compensated employee	s (other than officers, director	e tructone and kov o	mnlovees) who	49b	celved	more
	00,000 of compensation from the organization. If there is none, enter '	,	s, irusious, aria key o	inployees, who	,001110	001404	111010
	(a) Name and title of each employee	(b) Average hours	(c) Reportable	(d) Health benefit	s, (e) Estim	ated
		per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amo	ount of	
	NONE	position		plans, and deferre compensation	a coi	mpens	ation
							
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		_	1		1		
_		4					
		 	 		+-	_	
-		-			İ		
			 		+-		
_		-					
f Total nu	mber of other employees paid over \$100,000		<u> </u>	-			
	e this table for the organization's five highest compensated independe	ent contractors who each rece	wed more than \$100	AAA of compans	ation fr	om the	2
	tion. If there is none, enter "None." NONE	sitt contractors who cach rece	ived more man wroo,	ooo or compens	ation ii	om m	•
	Name and business address of each independent contractor		Type of service	(c)	Compe	nsatio	n
				1			
		 					
							
	mber of other independent contractors each receiving over \$100,000		_				
	organization complete Schedule A? Note: All section 501(c)(3) organization	zations must attach a		- -	X Ye	_	¬
	ed Schedule A						No
· ·	es of perjury, I declare that I have examined this return, including acco			-	ige and	o bellet	, It is
e, correct, a	and complete, Declaration of preparer (other than officer) is based on	all information of which prepa	rer has any knowledg	2/24	1-21		
ign	Signature of officer			Date Date			
ere	Colleen Malany, Director						
	Type or print name and title						
- <u> </u>	Print/Type preparer's name Preparer's signature	Date	Check X	ıf PTIN			
اد: ما	2/10 1/	2/ 1	/ self- employ	- 1			
aid	William J. X	lame PA 3/14/2	יגפי	P01	493	090	
reparer	Firm's name ▶ William J. Herman, CPA	1	Firm's EIN			0	
se Only	Firm's address ▶ 5950 1st Street SW	-	Phone no.		8-7	473	
	Vero Beach, FL 32968-	-9531					
ay the IRS d	iscuss this return with the preparer shown above? See instructions			> [X Ye	s	□No
					orm 9 9		
					O: 111 33	LL	رديدن

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number JKB Experiential Education Foundation 47-1421558

Pa	rt I	Reason for Public	Charity Status.	All organizations must c	omplete th	nis part) S	See instructions	7-1421336	
		zation is not a private found							
1	, <u>, , , , , , , , , , , , , , , , , , </u>			=	-			1	
2	Ħ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
	H			·				•	
3	Ħ	A hospital or a cooperative						Ala a la a a a da lla a a a a a	
4	لـــا	A medical research organiz	ation operated in col	njunction with a nospital	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital s name,	
_		city, and state							
5		An organization operated for		liege or university owner	or opera	ted by a g	overnmental unit descrit	pea in	
	$\overline{}$	section 170(b)(1)(A)(iv). (C							
6	닖	A federal, state, or local government	J				` '		
7	$\lfloor X \rfloor$	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8	\sqsubseteq	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II)				
9		An agricultural research org	ganization described	In section 170(b)(1)(A)(i x) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the colleg	e or	
		university							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	port from o	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III)						
11	\Box	An organization organized a	and operated exclusi	vely to test for public sa	fety See :	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete line:	s 12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trustees of the s	supporting	
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with,	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions) You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a disti	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	• •	nally integrated supporti	ng organiz	zation			
f	Ente	r the number of supported o	organizations					Lj	
g		ide the following information			/iv\ le the eres	nization lieted			
	(1) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	Support (see instructions)	
					-				
			İ		;				
			[
									
						·	 -		
Γota	ı		1				1	_	

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

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

Sec	ction A. Public Support		·.				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						1.7 . 5
	membership fees received (Do not		ľ				
	include any "unusual grants ")	68102.	57463.	45186.	7473.	5672.	183896.
2	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1			Ī	
	the organization without charge		_				
4	Total. Add lines 1 through 3	68102.	57463.	45186.	7473.	5672.	183896.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		1			1	
_6	Public support. Subtract line 5 from line 4						183896.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	68102.	57463.	45186.	7473.	5672.	183896.
8	Gross income from interest,				-		_
	dividends, payments received on						
	securities loans, rents, royalties,	ĺ	1		ĺ	İ	
	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		l			}	
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						183896.
12	Gross receipts from related activities,	etc (see instruction	ens)			12	172785.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						▶□
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage	<u> </u>			
14	Public support percentage for 2020 (li	ne 6, column (f), d	vided by line 11, c	olumn (f))			1 <u>00.00 %</u>
15	Public support percentage from 2019	Schedule A, Part	I, line 14		Į	15	100.00 %
16a	33 1/3% support test - 2020. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a						$\triangleright X$
b	33 1/3% support test - 2019. If the o	rganization did not	check a box on lu	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop here	e. Explain in Part V	I how the organiza	ation
	meets the facts-and-circumstances te						▶□
þ	10% -facts-and-circumstances test	- 2019. If the orga	inization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	p here. Explain in	Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qua	ilifies as a publicly	supported organi	zation	▶∐
18	Private foundation. If the organization	did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
					Scher	dule A (Form 990	or 990-FZ) 2020

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47-1421558 Page 3 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) Section A. Public Support Calendar year (or fiscal year beginning in) <u>(f)</u> Total (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 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 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified 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 Public support. (Subtract line 7c from line 6) Section B. Total Support **(b**) 2017 (f) Total (c) 2018 (d) 2019 Calendar year (or fiscal year beginning in) (a) 2016 (e) 2020 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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 % Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. 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 b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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Part IV Supporting Organizations

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

Section A. All S	Supporting Ord	anizations
------------------	----------------	------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	1.0
•	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	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 Part VI how the organization determined that the supported			}
	organization was described in section 509(a)(1) or (2)	2		- `
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			<u> </u>
-u	lines 3b and 3c below.	3a		
h	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	-	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ū	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	-	
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a		
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	4b	, .	
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	4c	,	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		_	١.
	designated in the organization's organizing document?	_5b		
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		Ì	
	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			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	_6_		ļ
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?			
	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		 -	- -
	ın 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		 -
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.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10-		-
	supporting organizations)? If "Yes," answer line 10b below	10a		-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		-
	determine whether the organization had excess business holdings)	עטו ו		1

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in line 11a above?	11b	 	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	- -		
500	detail in Part VI.	11c	<u> </u>	
<u> </u>	tion B. Type I Supporting Organizations		T.,	·
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			l
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1	1
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		L .	l
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ł	<u> </u>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			- ~
	the supported organization(s)] 1		
<u>>ec</u>	tion D. All Type III Supporting Organizations		T	
			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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-	<u> </u>	
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in line 2a, above, 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	OL-		
_	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	 -	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	or its supported organizations? If res, describe in Part 41 the fole played by the organization in this regard	30		

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art V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	iizations	
Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mi	/ing trust on	Nov 20, 1970 (explain in	Part VI) See instruction
ction A - Adjusted Net Income	ast complete	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1	·	
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7	· · · ·	Ţ
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction 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)			
Average monthly value of securities	1a		
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	<u> </u>	
e Discount claimed for blockage or other factors			
(explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 0.015 of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
Multiply line 5 by 0.035	6		
Recoveries of prior-year distributions	7	<u> </u>	
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0 85 of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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instructions)

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions Current Year

1 Amounts paid to supported organizations to accomplish exempt purposes

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
_6	Other distributions (describe in Part VI) See instructions.	6	
_7	Total annual distributions. Add lines 1 through 6	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	_ 8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	- -

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			,
able cause required - explain in Part VI) See instructions			<u> </u>
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017	<u> </u>		
d From 2018			
e From 2019		<u></u>	
f Total of lines 3a through 3e		·	
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from line 3f			· · · · · · · · · · · · · · · · · · ·
4 Distributions for 2020 from Section D,			
line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			*
any Subtract lines 3g and 4a from line 2. For result greater			'
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI See instructions			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c			
8 Breakdown of line 7			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990 EZ) 202	O JKB Exp	<u>eriential</u>	Education	<u>Foundation</u>	<u>47-1421558 Page 8</u>
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Prov 1, 2, 3b, 3c; 4b, 4 , lines 2 and 3, P	ide the explanation 4c, 5a, 6, 9a, 9b, 9d art IV, Section E, lii	s required by Part II, c, 11a, 11b, and 11c, nes 1c, 2a, 2b, 3a, ar	line 10, Part II, line 17a or Part IV, Section B, lines 1	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e: Part V.
	(See instructions)	<u> </u>				
						
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SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Department of the Treasury

nternal Revenue Service		▶ G	io to	www.irs.gov/Fo	orm99	O for in	nstructions and the	e latest information	•		In	spect	ion	
Name of the organiz	ation								Em	ploye	r ident	ificat	ion nu	mber
		JKB Ex	per	iential	Εđι	ıcat	ion Founda	tion	47	-14	1215	58		
Part I Exces	ss Bene	efit Trans	sacti	ons (section 5	01(c)(3), sect	ion 501(c)(4), and se	ection 501(c)(29) org						
								b, or Form 990-EZ, F						
1				Relationship bet				<u>5, 01 1 01111 000 EE, 1</u>	are v,	1110 4		(4)	Corre	cted?
(a) Name of dis	qualified p	person	(0)	person and or			(4	c) Description of trail	nsactio	วท			es	No
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	······					••••••								
O Fatantha anna			Al											
	int of tax	incurred by	tne c	organization man	agers	or also	qualified persons du	ring the year under						
section 4958			_							S				
3 Enter the amou	int of tax,	if any, on li	ne 2,	above, reimburs	ed by	the or	ganization			> \$				
Dort II Loon	- 4	d/an Fran		terested Per			· · · · · · · · · · · · · · · · · · ·							
	-	-				-								
· · · · · · · · · · · · · · · · · · ·		=					, Part V, line 38a or l	Form 990, Part IV, III	ne 26,	or if th	ne orga	anızatı	on	
), Part X, line 5, 6	T				_		7/b) An	nrovac		
(a) Name o		(b) Relation		(c) Purpose		oan to or m the	(e) Original	(f) Balance due) In	I by board or L		יי ניון ן	ritten
interested per	SON	with organi	nization of loan		organization? prin		principal amount		default?		committee		<u> </u>	
		<u> </u>			То	From			Yes		Yes	No	Yes	No
<u>Colleen Ma</u>	<u>lany</u>	Direct	<u>tor</u>	Developm	X		62600.	34950.		X	X_		X_	
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lotal l				•			▶ \$	34950.						
	ts or As	ssistance	Bei	nefiting Inter	reste	d Pe	rsons.		•					
Comple	ete if the o	organization	n ansv	wered "Yes" on	Form	990, Pa	art IV, line 27							
(a) Name of in			\neg	(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose o	f
(4)				interested pers			assistance	assistar			•	assist		
				the organiza	ation									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

See Part V for Continuations

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's		
	porson and the organization	transaction	Hansaction	rever	ues? No	
						
	- - - - - - - - - - - - - - - - - 			<u> </u>		
art V Supplemental Information.						
	esponses to questions on Schedule L (see ir	nstructions)				
	_					
hedule L, Part II, Loa	ns To and From Interes	sted Person	ns:			
) Name of Person: Coll	een Malany					
				-		
) Relationship with Or	ganization: Director					
e) Purpose of Loan: Dev	elopment of Foundation	1				
1) -						
d) Loan to or from orga	nization? = To					
e) Original Principal A	mount \$ 62600. (f) Ba	lance Due	\$ 34950.			
n) I am in Defaulta N	-					
y) Loan in Default? = N	0			<u> </u>		
n) Approved by Board or	Committee? = Yes					
i) Writton Agreement? -	Voc					
) Written Agreement? =	res					
		-				

Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

lame of the organization	· · · · · · · · · · · · · · · · · · ·					Employer ide	ntification number
JKB Expe	<u>eriential Educatio</u>	n F	oun	dation		47-1421	558
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
Indicate whether the organization raise X Mail solicitations Internet and email solicitations	ed funds through any of the followin e Solicitat	ion of	non-g	Check all that apply overnment grants nment grants			
c X Phone solicitations d X In-person solicitations	g Special	fundra	ising (events			
 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indivious compensated at least \$5,000 by the 	art VII) or entity in connection with p riduals or entities (fundraisers) pursu	rofess	onal f	undraising services?	•	☐ Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
				1			
					_		
		L					
'otal 3 List all states in which the organization or licensing	n is registered or licensed to solicit (contrib	utions	s or has been notified	d it is	exempt from re	egistration
Of ficerising							
						<u>.</u>	

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

Pa	rt l	Fundraising Events. Complete if the of fundraising event contributions and ground and gr	e organization answere	d "Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>e</u>			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
т	_					
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)			 	
	4	Cash prizes				
es	5	Noncash prizes				
bens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	-	-				
	8 9	Entertainment				
	-	Direct expense summary Add lines 4 through	9 in column (d)	<u> </u>	>	
	11	Net income summary Subtract line 10 from lin				<u> </u>
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
6)		\$13,000 011 0111 330-L2, line 0a	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col (a) through col (c))
Be	1	Gross revenue				
_		Gross revenue			-	
ses	2	Cash prizes	<u> </u>			
≅xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other design				
	5	Other direct expenses	Yes%	Yes %	Yes %	
	6	Volunteer labor	□ No	No	No	ļ
	7	Direct expense summary Add lines 2 through	ı 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>	
					···	
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain			/ear? 	Yes No
	_	 				
	_	1-25-20			Cabadala Office	rm 990 or 990-E Z) 2020

Schedule G (Form 990 or 990-EZ) 2020 JKB Experiential Education Foundation 47-1	421558	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in.		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party.		
Name		
Address		
16 Gaming manager information		
Name		
Comman monorary commandation N C		
Gaming manager compensation > \$		
Description of services provided		
besomption of services provided P		
	-	
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V); and Part	. III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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Schedule G	(Form 990 or 990-EZ)	JKB Experiential mation (continued)	<u> Education</u>	<u>Foundation</u>	47-1421558 Page	4
Part IV	Supplemental Infor	mation (continued)				_
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

JKB Experiential Education Foundation

Employer identification number 47-1421558

	4401011 17	1121330
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
Supplies		686.
<u>Telephone</u>		1419.
License & Fees		861.
Participant Travel		561.
Miscellaneous Expense		343.
Total to Form 990-EZ, line 16		3870.
Form 990-EZ, Part II, Line 26, Other Liabilitie	s:	<u>-</u>
Description	Beg. of Year	End of Year
Credit Card Balance	4729.	3710.
Director Loan	34950.	34950.
Loan - JKB Leadership Foundation	1585.	0.
Total to Form 990-EZ, line 26	41264.	38660.
	·	
Form 990-EZ, Part III, Line 28, Program Service	Accomplishment	s:
The main goal of this organization is to provid	e	
adolescents and young adults the knowledge, ski	lls,	
perceptions, and attitudes, to enable them to in	mprove	
lives, foster social harmony, develop appropria	te social behav	iors, and
engage in community services.		
Form 990-EZ, Part V, Information Regarding Pers	onal Benefit Co	ntracts:
The organization did not, during the year, rece		
or indirectly, to pay premiums on a personal be		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		orm 990 or 990-EZ) 2020
032211 11-20-20 1 Q		

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization JKB Experiential Education Foundation	Employer identification number 47-1421558
The organization, did not, during the year, pay any premi	ums, directly,
or indirectly, on a personal benefit contract.	
	
	