# 2018 Return of Organization Exempt From Income Tax

Prepared for:

Futures Explored, Inc.

PUBLIC DISCLOSURE COPY

The full contents of the package can be accessed by scrolling down this document.

We appreciate doing business electronically with you.

Please call if you experience problems.

bpmcpa.com



### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

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

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

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

and ending JUN 30, 2019

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

Open to Public

OMB No. 1545-0047

Inspection

| Commonstration   Com   | A F            | or the             | 2018 calendar year, or tax year beginning $$ JUL $1,$ $2018$ $$ and $$                        | ending J        | UN 30, 2019                         |                              |   |  |  |
|---|----------------|--------------------|---|-----------------|-------------------------------------|------------------------------|---|--|--|
| Descriptions   Description   Property   P   | <b>B</b> c     | heck if pplicable: | C Name of organization  |                 | D Employer identifie                | cation number                |   |  |  |
| Descriptions   Description   Property   P   | X              | Address            | FUTURES EXPLORED, INC   |                 |                                     |                              |   |  |  |
| Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   P.0 BOX 4.18   P.0 BOX 4.18   City or town, state or province, country, and ZIP or foreign postal code   CONCORD, CA 945.22   CONCORD, CA 945.22   CONCORD, CA 945.22   CONCORD, CA 945.22   Concerns the concerns t  |                | Name               |   |                 | 94-1                                | 567161                       |   |  |  |
| PO BOX 418    PO BOX 418   PO FOR The province, country, and ZIP or foreign postal code   G. Cross research \$1.240   |                | Initial            |   | Room/suite      |                                     |                              |   |  |  |
| City or town, state or province, country, and 2/P or foreign postal code  CONCORD. CA 9 4522  Fearms and address of principal officer. DI ENNE KELLY  SAME AS C ABOVE  I Take exempt status: XI 1918(18)3 591(c) 1  |                | Final              | 1   |                 |                                     |                              |   |  |  |
| CONCORD, CA 9 45 22   H(a) Is this a group return for subordinates?    Ves   X No   |                | termin-            | City or town, state or province, country, and ZIP or foreign postal code                      |                 | G Gross receipts \$ 12,152,621.     |                              |   |  |  |
| Tax-exempt status   X   301(c)(3   501(c)   √ (insert no.)  |                |                    |   |                 | H(a) Is this a group re             | eturn                        |   |  |  |
| Tax-excempts tabules:   X   SOL (16)(3)   501(c)  |                | tion               | F Name and address of principal officer: DIENNE KELLY   |                 | for subordinates                    | ? Yes X N                    | ok  |  |  |
| J Website:  |                | pending            | SAME AS C ABOVE   |                 | H(b) Are all subordinates in        | cluded? Yes N                | ok  |  |  |
|   |                |                    |   | or 527          | If "No," attach a                   | list. (see instructions)     |   |  |  |
| Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE ORGANIZATION   To PROVIDE LIFE SKILLS AND WORK-RELATED TRAINING TO ADULTS WITH   Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.   A winder of voting members of the governing body (Part VI, line 1a)   3  |                |                    |   |                 |                                     |                              |   |  |  |
| 1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE ORGANIZATION IS TO PROVIDE LIFE SKILLS AND WORK-RELATED TRAINING TO ADULTS WITH 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                |                    |   | L Year          | of formation: $1964$ $ m 	extsf{h}$ | 1 State of legal domicile:   | CA  |  |  |
| To the composition   Total continuous   Total co   | Pa             |                    | <u> </u>  |                 |                                     |                              |   |  |  |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (Part VIII, line 1h) 7 a Total unrelated business taxable income from Form 990-T, line 38 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5+0) 16 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 18 from line 12 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 16) 23 A, 93, 162. 23 A, 395, 565. 24 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature of the lease 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.  Prims name  | •              |                    |   |                 |                                     |                              |   |  |  |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (Part VIII, line 1h) 7 a Total unrelated business taxable income from Form 990-T, line 38 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5+0) 16 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 18 from line 12 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 16) 23 A, 93, 162. 23 A, 395, 565. 24 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature of the lease 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.  Prims name  | uce            | <u> </u>           | S TO PROVIDE LIFE SKILLS AND WORK-RELATE  | D TRAI          | NING TO ADU                         | LTS WITH                     |   |  |  |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (Part VIII, line 1h) 7 a Total unrelated business taxable income from Form 990-T, line 38 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5+0) 16 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 18 from line 12 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 16) 23 A, 93, 162. 23 A, 395, 565. 24 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature of the lease 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.  Prims name  | rna            |                    | · · · · · · · · · · · · · · · · · · ·   | ed of more      | than 25% of its net ass             | ets.                         |   |  |  |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (Part VIII, line 1h) 7 a Total unrelated business taxable income from Form 990-T, line 38 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5+0) 16 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets or fund balances. Subtract line 18 from line 12 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 16) 23 A, 93, 162. 23 A, 395, 565. 24 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature of the lease 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.  Prims name  | ove            | 3 N                | lumber of voting members of the governing body (Part VI, line 1a)                             |                 |                                     |                              |   |  |  |
| Total number of individuals employed in calendar year 2018 (Part V, Inne 2a)   S   4.930  | 2              | <b>4</b> N         | lumber of independent voting members of the governing body (Part VI, line 1b)                 |                 |                                     |                              |   |  |  |
| B Net unrelated business taxable income from Form 990-T, line 38  | es 8           |                    |   |                 |                                     | 49                           |   |  |  |
| B Net unrelated business taxable income from Form 990-T, line 38  | viti           |                    |   |                 |                                     |                              |   |  |  |
| B Net unrelated business taxable income from Form 990-T, line 38  | ∖cti           | 7 a ⊺              | otal unrelated business revenue from Part VIII, column (C), line 12                           |                 |                                     |                              |   |  |  |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 11,477,961. 11,551,867. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 14) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Vata assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Print/Type preparer's name  Preparer Use Only  Part II Signature ■ PPM LLP Firm's name ■ BPM LLP Firm's address ■ 4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | _              | bΝ                 | let unrelated business taxable income from Form 990-T, line 38                                | <u></u>         | 7b                                  | (                            | <u>).</u>                                     |  |  |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Total rundraising expenses (Part IX, column (A), line 12) 18 Total expenses (Part IX, column (A), lines 11e) 19 Revenue less expenses (Part IX, column (A), lines 11e) 20 Total assets (Part X, lines 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 16) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total assets or fund balances. Subtract line 21 from line 20 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Polas (Part X, line 26) 23 Polas (Part X, line 26) 24 Polas (Part X, line 26) 25 Polas (Part X, line 26) 26 Polas (Part X, line 26) 27 Polas (Par |                |                    |   |                 |                                     | Current Year                 |   |  |  |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16 Professional fundraising fees (Part IX, column (A), line 4)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Not assets or fund balances. Subtract line 21 from line 20  23 Intal expenses or 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.  Preparer  18 Use Only  Primt' ype preparer's name  CAROLYN R. AMSTER  Preparer's signature  Preparer's signature  Firm's address 4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | <u>e</u>       | <b>8</b> C         | contributions and grants (Part VIII, line 1h)   |                 | 797,690.                            | 192,196                      | <u>· · · · · · · · · · · · · · · · · · · </u> |  |  |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16 Professional fundraising fees (Part IX, column (A), line 4)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Not assets or fund balances. Subtract line 21 from line 20  23 Intal expenses or 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.  Preparer  18 Use Only  Primt' ype preparer's name  CAROLYN R. AMSTER  Preparer's signature  Preparer's signature  Firm's address 4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | enc            | 9 P                | rogram service revenue (Part VIII, line 2g)   |                 | 11,477,961.                         |                              | <u>/ •</u>                                    |  |  |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16 Professional fundraising fees (Part IX, column (A), line 4)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Not assets or fund balances. Subtract line 21 from line 20  23 Intal expenses or 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.  Preparer  18 Use Only  Primt' ype preparer's name  CAROLYN R. AMSTER  Preparer's signature  Preparer's signature  Firm's address 4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | ev.            |                    |   |                 |                                     | 1,002                        | <u>2 •</u>                                    |  |  |
| 13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .   | ъ.             | <b>11</b> C        | other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                      |                 |                                     |                              |   |  |  |
| 14   Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.   0.   15  |                | <b>12</b> T        | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .           |                 |                                     |                              |   |  |  |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   7,856,648.   8,229,134.     16a Professional fundraising fees (Part IX, column (A), line 11e)   7,192.   8,660.     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   4,474,481.   4,587,216.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   12,338,321.   12,825,010.     19 Revenue less expenses. Subtract line 18 from line 12   -43,621.   -1,066,509.     20 Total assets (Part X, line 16)   3,493,162.   3,395,565.     21 Total liabilities (Part X, line 26)   2,908,622.   3,877,534.     22 Net assets or fund balances. Subtract line 21 from line 20   584,540.   -481,969.     Part II   Signature Block   Signature of officer   Date   Display (Interpretate)   Display (Interpretate)   Date   Display (Interpretate)   Display (Interpretate)   Display (Interpretate)   Display (Interpretate)   Display (Interpretate)   Displa  |                | <b>13</b> G        | arants and similar amounts paid (Part IX, column (A), lines 1-3)                              |                 |                                     |                              |   |  |  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)   7,192. 8,660.     17 Other expenses (Part IX, column (A), line 11a. 11d, 11f.24e)   4,474,481. 4,587,216.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   12,338,321. 12,825,010.     19 Revenue less expenses. Subtract line 18 from line 12   -43,6211,066,509.     20 Total assets (Part X, line 16)   3,493,162. 3,395,565.     21 Total liabilities (Part X, line 26)   2,908,622. 3,877,534.     22 Net assets or fund balances. Subtract line 21 from line 20   584,540481,969.     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.     Part IV   Prim   Firm's name   Preparer's signature     CAROLYN R. AMSTER   CAROLYN R. AMSTER   O7/14/20     Firm's name   BPM LLP   Firm's EIN   81-4234542     Firm's name   BPM LLP   Firm's EIN   81-4234542     Firm's address   4200 BOHANNON DRIVE, SUITE 250   Phone no.650-855-6800     Phone no.650-855-6800  |                |                    |   |                 |                                     |                              |   |  |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Start 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.  Signature of officer  Print/Type preparer's name  Preparer's signature  CAROLYN R. AMSTER  Primty's perparer's name  Preparer's signature  CAROLYN R. AMSTER  CAROLYN R. AMSTER  Primty's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | es             | <b>15</b> S        |   |                 |                                     |                              |   |  |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Start 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.  Signature of officer  Print/Type preparer's name  Preparer's signature  CAROLYN R. AMSTER  Primty's perparer's name  Preparer's signature  CAROLYN R. AMSTER  CAROLYN R. AMSTER  Primty's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | )<br>Sue       | <b>16</b> a P      | rofessional fundraising fees (Part IX, column (A), line 11e)                                  | ·· <u>·</u>     | 7,192.                              | 8,660                        | <u>) .</u>                                    |  |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Start 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.  Signature of officer  Print/Type preparer's name  Preparer's signature  CAROLYN R. AMSTER  Primty's perparer's name  Preparer's signature  CAROLYN R. AMSTER  CAROLYN R. AMSTER  Primty's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  | xbe            | b T                |   |                 | 4 45 4 404                          | 4 505 014                    |   |  |  |
| 19 Revenue less expenses. Subtract line 18 from line 12   | ш              | 17                 |   |                 |                                     |                              |   |  |  |
| Beginning of Current Year   End of Year   Signature   |                |                    |   |                 |                                     |                              |   |  |  |
| 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  Here  Dienne Kelly, Interim Executive Director  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER  Preparer Signature  CAROLYN R. AMSTER  Firm's name  BPM LLP  Firm's name  BPM LLP  Firm's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650-855-6800   |                | 19 F               | evenue less expenses. Subtract line 18 from line 12   |                 |                                     |                              | <u>,                                     </u> |  |  |
| 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  Here  Dienne Kelly, Interim Executive Director  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER  Preparer Signature  CAROLYN R. AMSTER  Firm's name  BPM LLP  Firm's name  BPM LLP  Firm's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650-855-6800   | s or           |                    |   | Be              |                                     |                              | _   |  |  |
| 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  Here  Dienne Kelly, Interim Executive Director  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER  Preparer Signature  CAROLYN R. AMSTER  Firm's name  BPM LLP  Firm's name  BPM LLP  Firm's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650-855-6800   | sset<br>3ala   | <b>20</b> T        | ,   |                 |                                     |                              |   |  |  |
| 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  Here  Dienne Kelly, Interim Executive Director  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER  Preparer Signature  CAROLYN R. AMSTER  Firm's name  BPM LLP  Firm's name  BPM LLP  Firm's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650-855-6800   | et A           | 21 T               |   |                 |                                     |                              |   |  |  |
| 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 Here  Date  DIENNE KELLY, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER  CAROLYN R. AMSTER  CAROLYN R. AMSTER  CAROLYN R. AMSTER  Firm's name  BPM LLP  Firm's name  BPM LLP  Firm's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no. 650 – 855 – 6800  | Z <sub>i</sub> | 22 N               |   |                 | 384,340.                            | -481,963                     | <i>)</i> .                                    |  |  |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Date  Dienne Kelly, Interim Executive Director  Type or print name and title  Print/Type preparer's name CAROLYN R. AMSTER CAROLYN R. AMSTER Firm's name BPM LLP Firm's name BPM LLP Firm's address 4200 BOHANNON DRIVE, SUITE 250 MENLO PARK, CA 94025  Phone no. 650 - 855 - 6800  |                |                    |   | and atatama     | unto, and to the heat of mu         | knowledge and balisf it i    |   |  |  |
| Sign Here  DIENNE KELLY, INTERIM EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name CAROLYN R. AMSTER CAROLYN R. AMSTER Firm's name BPM LLP Firm's address 4200 BOHANNON DRIVE, SUITE 250 MENLO PARK, CA 94025  Date  O7/14/20 Self-employed Firm's EIN  81-4234542 Phone no.650-855-6800  |                |                    |   |                 |                                     | Kilowieuge allu bellei, it i | 5   |  |  |
| Here  DIENNE KELLY, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER CAROLYN R. AMSTER CAROLYN R. AMSTER Firm's name  BPM LLP  Firm's address ▶ 4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no.650-855-6800  | uu,            | COITECI,           | and complete. Declaration of preparer (other than officer) is based on an information of will | icii pi epai ei | lias any knowledge.                 |                              |   |  |  |
| Here  DIENNE KELLY, INTERIM EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER CAROLYN R. AMSTER CAROLYN R. AMSTER Firm's name  BPM LLP  Firm's address ▶ 4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no.650-855-6800  | Ciar           | .                  | Signature of officer  |                 | L<br>Date                           |                              |   |  |  |
| Type or print name and title  Print/Type preparer's name  CAROLYN R. AMSTER  Preparer's signature  CAROLYN R. AMSTER  CAROLYN R. AMSTER  Prim's name  BPM LLP  Firm's address  4200 BOHANNON DRIVE, SUITE 250  MENLO PARK, CA 94025  Phone no.650-855-6800  |                |                    | •   | OR              |                                     |                              |   |  |  |
| Paid CAROLYN R. AMSTER CAROLYN R. AMSTER 07/14/20   firm's name   | Her            |                    | ·   | <u> </u>        |                                     |                              |   |  |  |
| Paid CAROLYN R. AMSTER CAROLYN R. AMSTER 07/14/20   fraction   firm's name   BPM LLP   Firm's address   4200 BOHANNON DRIVE, SUITE 250   Phone no. 650-855-6800   |                |                    |   |                 | Date Check                          | PTIN                         |   |  |  |
| Preparer   Firm's name   BPM LLP   Firm's ellN   81-4234542   Use Only   Firm's address   4200 BOHANNON DRIVE, SUITE 250   Phone no. 650-855-6800   | Paid           |                    |   | :R ∫∩           | .,                                  |                              |   |  |  |
| Use Only Firm's address 4200 BOHANNON DRIVE, SUITE 250 MENLO PARK, CA 94025 Phone no. 650-855-6800  |                | _                  |   | 10              |                                     |                              | _   |  |  |
| MENLO PARK, CA 94025 Phone no. 650 - 855 - 6800   |                |                    |   |                 | TIIIII 3 LIIV                       |                              | _   |  |  |
|   |                | ,                  |   |                 | Phone no 65                         | 0-855-6800                   |   |  |  |
|   | ——<br>Mav      | the IR             |   |                 | 11 110110 110.00                    |                              | No  |  |  |

## Part IV Checklist of Required Schedules

|     |  |     | Yes | No               |
|-----|--|-----|-----|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |     |     |                  |
|     | If "Yes," complete Schedule A  | 1   | X   |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | Х   |                  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |                  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | Х                |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |     |     |                  |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | х                |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     | T.  |     |                  |
| •   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5   |     | x                |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        | Ť   |     | <del></del>      |
| U   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6   |     | x                |
| 7   |  | -   |     |                  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        | _   |     | x                |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7   |     | <u> </u>         |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     | _   |     | \ <b>.</b> ,     |
|     | Schedule D, Part III   | 8   |     | X                |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |     |     |                  |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |     |     |                  |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | X                |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    |     |     |                  |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  | X   |                  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X |     |     |                  |
|     | as applicable.   |     |     |                  |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.      |     |     |                  |
|     | Part VI  | 11a | X   |                  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      |     |     |                  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | х                |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       |     |     |                  |
| ·   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | x                |
| ч   | 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     |     |     |                  |
| u   |  | 11d |     | x                |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | Х   |                  |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e | Λ_  |                  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |     |     | x                |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f |     |                  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |     | 37  |                  |
|     | Schedule D, Parts XI and XII   | 12a | X   |                  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |     |     |                  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b |     | X                |
| 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 |     | X                |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |     |     |                  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |     |     |                  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | X                |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        |     |     |                  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | X                |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |     |     |                  |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | X                |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |     |     |                  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | Х                |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |     |     |                  |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | х                |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |     |     |                  |
| .0  | ·  | 19  |     | x                |
| 20a | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       | 20a |     | X                |
|     | · · ·  |     |     | <del>- ^ `</del> |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b |     | $\vdash$         |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |     |     | <sub>V</sub>     |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II                                | 21  |     | X                |

02704.02

Form 990 (2018) FUTURES EXPLORED,

Part IV Checklist of Required Schedules (continued)

|        | ·  |      | Yes | No   |
|--------|--|------|-----|--|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      |     |  |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |     | X  |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |      |     |  |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |      |     |  |
|        | Schedule J   | 23   |     | <u> X</u>  |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |      |     |  |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   | l    |     | 77   |
|        | Schedule K. If "No," go to line 25a  | 24a  |     | <u> </u>   |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     | <del>                                     </del> |
| C      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 24c  |     |  |
| d      | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |  |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |     |  |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |     | х  |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |     |  |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |      |     |  |
|        | Schedule L, Part I   | 25b  |     | X  |
| 26     | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |      |     |  |
|        | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |      |     |  |
|        | complete Schedule L, Part II   | 26   | Х   | <u> </u>   |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |      |     |  |
|        | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |      |     | v  |
| 00     | 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):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a  |     | х  |
|        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b  |     | X  |
|        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |      |     |  |
|        | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c  |     | Х  |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   |     | X  |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |     |  |
|        | contributions? If "Yes," complete Schedule M   | 30   |     | X  |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations?   |      |     |  |
|        | If "Yes," complete Schedule N, Part I  | 31   |     | <u> </u>   |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |     | 37   |
|        | Schedule N, Part II  | 32   |     | X  |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |     | х  |
| 24     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     |  |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34   |     | х  |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | X  |
|        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 554  |     |  |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b  |     |  |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |      |     |  |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36   |     | 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   |     | X  |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |      |     |  |
| Pai    | Note. All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance   | 38   | X   |  |
| rai    | Check if Schedule O contains a response or note to any line in this Part V   |      |     |  |
|        | Shook is conclude a companied of flotte to dry line in this fact v   |      |     | N <sub>C</sub>                                   |
| 19     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |      | Yes | No   |
|        | Enter the number reported in Box 3 of Form 1030. Enter 40- in not applicable 1b 0  |      |     |  |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |      |     |  |
|        | (gambling) winnings to prize winners?  | 1c   |     |  |
| 832004 | 12-31-18   | Form | 990 | (2018)   |

Form 990 (2018) FUTURES EXPLORED, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|         |   |                            |              | Yes | No  |
|---------|---|----------------------------|--------------|-----|-----|
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                            |              |     |     |
|         | filed for the calendar year ending with or within the year covered by this return   | 2a 4                       | 96           |     |     |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax return  | ns?                        | 2b           | X   |     |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions   | )                          |              |     |     |
| За      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                            | 3a           |     | X   |
|         | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C   |                            | 3b           |     |     |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other a   | •                          |              |     | ,,  |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial a  | ccount)?                   | 4a           |     | X   |
| b       | If "Yes," enter the name of the foreign country:  | . (55.5)                   | _            |     |     |
| _       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad   |                            | _            |     | v   |
| _       |   |                            |              |     | X   |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 9996 T2 |                            |              |     |     |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                           |                            | 30           |     |     |
| Va      | any contributions that were not tax deductible as charitable contributions?   |                            | 6a           |     | x   |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contribution  |                            | <u>Va</u>    |     | 1   |
|         | were not tax deductible?  |                            | 6b           |     |     |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |                            | . 52         |     |     |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser   | vices provided to the pavo | r? <b>7a</b> |     | Х   |
| b       |   | , ,                        |              |     |     |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |                            |              |     |     |
|         | to file Form 8282?  |                            | . 7c         |     | Х   |
| 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 co  | ontract?                   | 7е           |     | X   |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra   | ect?                       | 7f           |     | X   |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Fo  | rm 8899 as required?       | 7g           |     |     |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  | tion file a Form 1098-C    | ? <b>7h</b>  |     |     |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   | by the                     |              |     |     |
|         |   |                            | 8            |     |     |
| 9       | Sponsoring organizations maintaining donor advised funds.   |                            |              |     |     |
| a       |   |                            |              |     |     |
| b<br>10 |   |                            | <u>9b</u>    |     |     |
| 10      | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12  | 10a                        |              |     |     |
| a<br>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:  | 100                        |              |     |     |
|         | Gross income from members or shareholders   | 11a                        |              |     |     |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against  |                            |              |     |     |
| _       | amounts due or received from them.)   | 11b                        |              |     |     |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |                            | 12a          |     |     |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                        |              |     |     |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                            |              |     |     |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  |                            | 13a          |     |     |
|         | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |                            |              |     |     |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the  | 1                          |              |     |     |
|         | organization is licensed to issue qualified health plans  | 13b                        |              |     |     |
|         | Enter the amount of reserves on hand  | 13c                        |              |     | 7.5 |
|         |   |                            |              | -   | X   |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule   |                            | 14b          |     | -   |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner   |                            |              |     | ٦,  |
|         | excess parachute payment(s) during the year?  |                            | 15           |     | X   |
| 10      | If "Yes," see instructions and file Form 4720, Schedule N.  | :                          | 40           |     | v   |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | income?                    | 16           |     | X   |
|         | If "Yes," complete Form 4720, Schedule O.   |                            |              | 000 |     |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI  |         |         | X    |
|-----|--|---------|---------|------|
| Sec | tion A. Governing Body and Management  |         |         |      |
|     |  |         | Yes     | No   |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 6  |         |         |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |         |         |      |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |         |      |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b  |         |         |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |         |      |
| _   | officer, director, trustee, or key employee?   | 2       |         | Х    |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  | _       |         |      |
| J   | of officers, directors, or trustees, or key employees to a management company or other person?   | 3       |         | х    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |         | X    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |         | X    |
|     |  | 6       |         | X    |
| 6   | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | -       |         | - 21 |
| 7a  |  |         |         | Х    |
|     | more members of the governing body?  | 7a      |         | Λ    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |         | Х    |
| _   | persons other than the governing body?   | 7b      |         |      |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                  |         | 37      |      |
| a   | The governing body?  | 8a      | X       |      |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b      | X       |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |         | 37   |
| 800 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |         | X    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |         |         |      |
|     |  |         | Yes     | No   |
|     | Did the organization have local chapters, branches, or affiliates?   | 10a     |         | X    |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |         |      |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     | 37      |      |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | X       |      |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |         |      |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | _X_     |      |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                | 12b     | X       |      |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |         |         |      |
|     | in Schedule O how this was done  | 12c     | X       |      |
| 13  | Did the organization have a written whistleblower policy?  | 13      | X       |      |
| 14  | Did the organization have a written document retention and destruction policy?   | 14      | X       |      |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   |         |         |      |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |         |      |
| а   | The organization's CEO, Executive Director, or top management official   | 15a     | X       |      |
| b   | Other officers or key employees of the organization  | 15b     | X       |      |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |         |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 evaluate its participation                                       |         |         |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |         |      |
|     | exempt status with respect to such arrangements?   | 16b     |         |      |
| Sec | tion C. Disclosure   |         |         |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶CA   |         |         |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s                                    | only) a | availab | ole  |
|     | for public inspection. Indicate how you made these available. Check all that apply   |         |         |      |
|     | X Own website Another's website Upon request Other (explain in Schedule O)   |         |         |      |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                                    | financ  | al      |      |
|     | statements available to the public during the tax year.  |         |         |      |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records   |         |         |      |
|     | DIENNE KELLY - 925-332-7183  |         |         |      |
|     | 2380 SALVIO STREET, SUITE 302, CONCORD, CA 94520   |         |         |      |

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization r | or any related    | orga                           | niza                  | tion    | con                      | npen                         | sate   | ed any current officer, d       | rector, or trustee. |                       |
|--|-------------------|--------------------------------|-----------------------|---------|--------------------------|------------------------------|--------|---------------------------------|---------------------|-----------------------|
| (A)  | (B)               |                                | (C)                   |         |                          |                              |        | (D)                             | (E)                 | (F)                   |
| Name and Title                               | Average           | (do                            | not c                 | Pos     | itior<br><sub>more</sub> | <b>ነ</b><br>than c           | one    | Reportable                      | Reportable          | Estimated             |
|  | hours per         | box                            | , unle                | ss pei  | rson i                   | s both                       | an an  | compensation                    | compensation        | amount of             |
|  | week              | <b>—</b>                       | Cei ai                |         | liecto                   | I I us                       | (66)   | from                            | from related        | other                 |
|  | (list any         | irecto                         |                       |         |                          |                              |        | the                             | organizations       | compensation from the |
|  | hours for related | or d                           | tee                   |         |                          | sated                        |        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)     | organization          |
|  | organizations     | ruste                          | l trus                |         | ee,                      | npen                         |        | (***2/1099*****130)             |                     | and related           |
|  | below             | dual t                         | rtio na               | _       | oldu                     | st cor                       | _      |                                 |                     | organizations         |
|  | line)             | Individual trustee or director | Institutional trustee | Officer | Key employee             | Highest compensated employee | Former |                                 |                     |                       |
| (1) GARY LEWIS                               | 0.00              |                                |                       |         |                          |                              |        |                                 |                     |                       |
| PRESIDENT                                    |                   | Х                              |                       | Х       |                          |                              |        | 0.                              | 0.                  | 0.                    |
| (2) RAY FORTNEY                              | 0.00              |                                |                       |         |                          |                              |        |                                 |                     |                       |
| VICE PRESIDENT                               |                   | Х                              |                       | X       |                          |                              |        | 0.                              | 0.                  | 0.                    |
| (3) CAROLE KAY LYNN                          | 0.00              |                                |                       |         |                          |                              |        |                                 |                     |                       |
| SECRETARY                                    |                   | Х                              |                       | Х       |                          |                              |        | 0.                              | 0.                  | 0.                    |
| (4) CRAIG WIGGINTON                          | 0.00              | ↓                              |                       |         |                          |                              |        |                                 |                     |                       |
| TREASURER                                    | 0.00              | Х                              |                       | Х       |                          |                              |        | 0.                              | 0.                  | 0.                    |
| (5) DAN DENIS                                | 0.00              | ٠,                             |                       |         |                          |                              |        |                                 | _                   |                       |
| DIRECTOR                                     | 0 00              | Х                              |                       |         |                          |                              |        | 0.                              | 0.                  | 0.                    |
| (6) JAKE TROLAN DIRECTOR                     | 0.00              | х                              |                       |         |                          |                              |        | 0.                              | 0.                  | _                     |
| (7) WILLIAM SANFORD                          | 40.00             | ^                              |                       |         |                          |                              |        | 0.                              | 0.                  | 0.                    |
| EXECUTIVE DIRECTOR                           | 40.00             | 1                              |                       | х       |                          |                              |        | 114,920.                        | 0.                  | 0.                    |
| Indestita bindeten                           |                   |                                |                       |         |                          |                              |        | 114,520.                        | •                   | •                     |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   | 1                              |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   | _                              |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   | -                              |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |
|  |                   |                                |                       |         |                          |                              |        |                                 |                     |                       |

Form 990 (2018)

| Form 990 (20 | 18) FUTUR  | RES EXPLOR                 | ED,                   | IN                            | IC           |                              |        |  |  | 94-15   | 6716                              | 1                        | Page 8          |
|--------------|--|----------------------------|-----------------------|-------------------------------|--------------|------------------------------|--------|--|--|---|-----------------------------------|--------------------------|-----------------|
| Part VII S   | ection A. Officers, Director   | rs, Trustees, Key E        | mploy                 | ees,                          | and          | l Hig                        | ghes   | t C                                    | ompensated Employee                      | s (continued)                                   |                                   |                          |                 |
|              | <b>(A)</b><br>Name and title   | (B) Average hours pe       | r (do                 | o not c<br>k, unle<br>icer ar | ss per       | ition<br>more<br>rson is     | than o | n an                                   | ( <b>D)</b> Reportable compensation from | <b>(E)</b> Reportable compensation from related |                                   | (F<br>Estimamou<br>oth   | nated<br>unt of |
|              | (list any<br>hours fo<br>related<br>organizatio<br>below<br>line)                                | r fee or direc             | Institutional trustee | Officer                       | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC          | C)  | ompei<br>from<br>organi<br>and re | nsation<br>the<br>zation |                 |
|              |  |                            |                       |                               |              |                              |        |  |  |   | $\perp$                           |                          |                 |
|              |  |                            |                       |                               |              |                              |        |  |  |   |                                   |                          |                 |
|              |  |                            |                       |                               |              |                              |        |  |  |   | +                                 |                          |                 |
|              |  |                            |                       |                               |              |                              |        |  |  |   |                                   |                          |                 |
|              |  |                            |                       |                               |              |                              |        |  |  |   | +                                 |                          |                 |
|              |  |                            |                       |                               |              |                              |        |  |  |   | +                                 |                          |                 |
| c Total fr   | tal<br>om continuation sheets to<br>dd lines 1b and 1c)  | Part VII, Section A        | ٠                     |                               |              |                              |        | <b>&gt; &gt;</b>                       | 114,920.<br>0.<br>114,920.               |   | 0.<br>0.                          |                          | 0.<br>0.        |
| 2 Total nu   | Imber of individuals (including insation from the organization                                   | ng but not limited to      |                       |                               |              |                              |        | o re                                   | · · · · · · · · · · · · · · · · · · ·    |   |                                   |                          | 1               |
|              | organization list any <b>former</b> If "Yes," complete Schedule                                  |                            |                       |                               | •            | •                            |        |  | •  |   | [                                 | 3                        | es No<br>X      |
| and rela     | individual listed on line 1a, i<br>ted organizations greater th<br>person listed on line 1a rece | an \$150,000? <i>If</i> "Y | es," co               | omple                         | ete S        | Sche                         | edule  | Jf                                     | or such individual                       |   | 4                                 | 1                        | X               |
| rendere      | d to the organization? If "Yendependent Contractors  |                            |                       |                               |              |                              |        |  |  |   |                                   | 5                        | Х               |
| -            | te this table for your five hig<br>anization. Report compensat                                   | •                          | -                     |                               |              |                              |        |  |  | •   | nsation                           |                          |                 |
| CONGUBII     | Name and be  | (A) usiness address        |                       | 83                            | 7            |                              |        |  | (B)<br>Description of s                  | ervices   | Com                               | (C)<br>pensa             | ation           |
|              | DR., SUITE 220   |                            |                       |                               |              | <u>55</u>                    | 3      | (                                      | CONSTRUCTION                             |   | 2                                 | 01,                      | 905.            |
|              |  |                            |                       |                               |              |                              |        |  |  |   |                                   |                          |                 |

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

\$100,000 of compensation from the organization

|  |      | Check if Schedule O conta                                      | ains a response   | or note to any lin | e in this Part VIII  |  |                                       |  |
|--|------|--|-------------------|--------------------|----------------------|--|---------------------------------------|--|
|  |      |  |                   |                    | (A)<br>Total revenue | (B) Related or exempt function revenue | <b>(C)</b> Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| <u>ν</u> ν   | 1 a  | Federated campaigns  | 1a                |                    |                      |  |                                       |  |
| ant  | b    | Membership dues  |                   |                    |                      |  |                                       |  |
| 2,5  | c    | Fundraising events   |                   |                    |                      |  |                                       |  |
| ifts<br>ar A   | d    | Related organizations  |                   |                    |                      |  |                                       |  |
| nils   | е    | Government grants (contributi                                  | ······            |                    |                      |  |                                       |  |
| Sig  | f    | All other contributions, gifts, gran                           |                   |                    |                      |  |                                       |  |
| ber  |      | similar amounts not included above                             |                   | 192,196.           |                      |  |                                       |  |
| Ę F  | g    | Noncash contributions included in lines                        |                   |                    |                      |  |                                       |  |
| Contributions, Gifts, Grants and Other Similar Amounts | h    | Total. Add lines 1a-1f   |                   | <b>&gt;</b>        | 192,196.             |  |                                       |  |
|  |      |  |                   | Business Code      |                      |  |                                       |  |
| ø  | 2 a  | REGIONAL CENTER  |                   | 900099             | 10,283,218.          | 10,283,218.                            |                                       |  |
| Program Service<br>Revenue                             | b    | COMMUNITY REVENUE  |                   | 900099             | 1,235,578.           | 1,235,578.                             |                                       |  |
| Sel  | c    | DEPARTMENT OF REHABILIT  | TATION            | 900099             | 33,071.              | 33,071.                                |                                       |  |
| am   | d    | 1  |                   |                    |                      |  |                                       |  |
| ogr<br>B   | е    | •  |                   |                    |                      |  |                                       |  |
| Ā  | f    | All other program service reve                                 | nue               |                    |                      |  |                                       |  |
|  | g    | Total. Add lines 2a-2f   |                   |                    | 11,551,867.          |  |                                       |  |
|  | 3    | Investment income (including                                   | dividends, intere | est, and           |                      |  |                                       |  |
|  |      | other similar amounts)   |                   | <b>&gt;</b>        | 1,016.               |  |                                       | 1,016.   |
|  | 4    | Income from investment of tax                                  |                   |                    |                      |  |                                       |  |
|  | 5    | Royalties  |                   | <b>&gt;</b>        |                      |  |                                       |  |
|  |      |  | (i) Real          | (ii) Personal      |                      |  |                                       |  |
|  | 6 a  | Gross rents  |                   |                    |                      |  |                                       |  |
|  | b    | Less: rental expenses  |                   |                    |                      |  |                                       |  |
|  | c    | Rental income or (loss)  |                   |                    |                      |  |                                       |  |
|  | d    | Net rental income or (loss)                                    |                   | <b></b>            |                      |  |                                       |  |
|  | 7 a  | Gross amount from sales of                                     | (i) Securities    | (ii) Other         |                      |  |                                       |  |
|  |      | assets other than inventory                                    | 1,120.            | 392,986.           |                      |  |                                       |  |
|  | b    | Less: cost or other basis                                      |                   |                    |                      |  |                                       |  |
|  |      | and sales expenses   | 0.                | ,                  |                      |  |                                       |  |
|  |      | Gain or (loss)   |                   |                    |                      |  |                                       |  |
|  |      | Net gain or (loss)   |                   | · <u>·····</u>     | -14.                 | 1,120.                                 |                                       | -1,134.  |
| nue  | 8 a  | <ul> <li>Gross income from fundraising including \$</li> </ul> | _                 |                    |                      |  |                                       |  |
| Other Revenu   |      | contributions reported on line                                 | 1c). See          |                    |                      |  |                                       |  |
| χ<br>Έ   |      | Part IV, line 18   | a                 |                    |                      |  |                                       |  |
| Ţ.   | b    | Less: direct expenses  | b                 |                    |                      |  |                                       |  |
| U  | c    | Net income or (loss) from fund                                 | Iraising events   | <b>_</b>           |                      |  |                                       |  |
|  | 9 a  | Gross income from gaming ac                                    |                   |                    |                      |  |                                       |  |
|  |      | Part IV, line 19   |                   |                    |                      |  |                                       |  |
|  | b    | Less: direct expenses  | b                 |                    |                      |  |                                       |  |
|  | c    | Net income or (loss) from gam                                  | ing activities    | ·····              |                      |  |                                       |  |
|  | 10 a | Gross sales of inventory, less                                 | returns           |                    |                      |  |                                       |  |
|  |      | and allowances   |                   |                    |                      |  |                                       |  |
|  | b    | Less: cost of goods sold                                       | b                 |                    |                      |  |                                       |  |
|  | С    | Net income or (loss) from sales                                | s of inventory    | <b></b>            |                      |  |                                       |  |
|  |      | Miscellaneous Revenue  | e                 | Business Code      |                      |  |                                       |  |
|  |      | MISCELLANEOUS INCOME   |                   | 900099             | 7,132.               | 7,132.                                 |                                       |  |
|  | b    | CONSUMER PAYMENT FOR FI  | TELD TRIP         | 900099             | 6,304.               | 6,304.                                 |                                       |  |
|  | С    |  |                   |                    |                      |  |                                       |  |
|  |      | All other revenue  |                   |                    |                      |  |                                       |  |
|  |      | Total. Add lines 11a-11d                                       |                   |                    | 13,436.              | 44 844 144                             |                                       |  |
|  | 12   | Total revenue. See instructions                                |                   | <b></b>            | 11,758,501.          | 11,566,423.                            | 0.                                    | -118.  |

|          | Check if Schedule O contains a respons  |                              | this Part IX             | (C)                             | (D)                     |
|----------|---|------------------------------|--------------------------|---------------------------------|-------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | Program service expenses | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations   |                              |                          |                                 |                         |
|          | and domestic governments. See Part IV, line 21  |                              |                          |                                 |                         |
| 2        | Grants and other assistance to domestic   |                              |                          |                                 |                         |
|          | individuals. See Part IV, line 22   |                              |                          |                                 |                         |
| 3        | Grants and other assistance to foreign  |                              |                          |                                 |                         |
|          | organizations, foreign governments, and foreign   |                              |                          |                                 |                         |
|          | individuals. See Part IV, lines 15 and 16   |                              |                          |                                 |                         |
| 4        | Benefits paid to or for members   |                              |                          |                                 |                         |
| 5        | Compensation of current officers, directors,  | 114 020                      |                          | 102 420                         | 11 400                  |
| _        | trustees, and key employees   | 114,920.                     |                          | 103,428.                        | 11,492                  |
| 6        | Compensation not included above, to disqualified  |                              |                          |                                 |                         |
|          | persons (as defined under section 4958(f)(1)) and   |                              |                          |                                 |                         |
| _        | persons described in section 4958(c)(3)(B)  | 6,533,354.                   | 6 064 007                | 468,467.                        |                         |
| 7        | Other salaries and wages  | 0,333,334.                   | 6,064,887.               | 400,40/•                        |                         |
| 8        | Pension plan accruals and contributions (include  | 48,316.                      | 44,153.                  | 4,163.                          |                         |
| _        | section 401(k) and 403(b) employer contributions)   | 987,226.                     |                          | 85,046.                         | 270                     |
| 9        | Other employee benefits   | 545,318.                     | 497,566.                 | 46,919.                         | 833                     |
| 10       | Payroll taxes   | 343,310.                     | 497,300.                 | 40,919.                         | 033                     |
| 11       | Fees for services (non-employees):  |                              |                          |                                 |                         |
| a        | Management  |                              |                          |                                 |                         |
| b        | Legal   | 52,878.                      |                          | 52,878.                         |                         |
| C        | Accounting  | 32,070.                      |                          | 32,070.                         |                         |
| d        | ,   | 8,660.                       |                          |                                 | 8,660                   |
| e        | Professional fundraising services. See Part IV, line 17 Investment management fees  | 0,000.                       |                          |                                 | 0,000                   |
| f        |   |                              |                          |                                 |                         |
| g        | column (A) amount, list line 11g expenses on Sch O.)  | 199,378.                     | 57,927.                  | 141,451.                        |                         |
| 12       | Advertising and promotion   | 133,310.                     | 31,3216                  | 141,451.                        |                         |
| 13       | Office expenses   |                              |                          |                                 |                         |
| 13<br>14 | Information technology  |                              |                          |                                 |                         |
| 15       | Royalties   |                              |                          |                                 |                         |
| 16       | Occupancy   | 1,734,638.                   | 1,479,106.               | 255,532.                        |                         |
| 17       | Travel  |                              | 2,273,2000               | 233,3321                        |                         |
| 18       | Payments of travel or entertainment expenses  |                              |                          |                                 |                         |
|          | for any federal, state, or local public officials   |                              |                          |                                 |                         |
| 19       | Conferences, conventions, and meetings  |                              |                          |                                 |                         |
| 20       | Interest  |                              |                          |                                 |                         |
| 21       | Payments to affiliates  |                              |                          |                                 |                         |
| 22       | Depreciation, depletion, and amortization   |                              |                          |                                 |                         |
| 23       | Insurance   |                              |                          |                                 |                         |
| 24       | Other expenses. Itemize expenses not covered  |                              |                          |                                 |                         |
| -        | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                              |                          |                                 |                         |
| а        | COMMUNITY CONTRACT  | 1,217,255.                   | 1,206,567.               | 10,688.                         |                         |
| b        | OTHER PROGRAM EXPENSE   | 860,689.                     | 749,879.                 | 110,810.                        |                         |
| С        | COMMUNICATIONS  | 277,910.                     | 139,877.                 | 138,033.                        |                         |
| d        | TRAVEL, CONFERENCES AND   | 244,468.                     | 204,696.                 | 39,772.                         |                         |
| е        | All other expenses  | ·                            | ·                        |                                 |                         |
| 25       | Total functional expenses. Add lines 1 through 24e  | 12,825,010.                  | 11,346,568.              | 1,457,187.                      | 21,255                  |
| 26       | <b>Joint costs</b> . 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)  |                              |                          |                                 |                         |

| Par                         | t X | Balance Sheet   |          |                                       |                                 |        |                           |
|-----------------------------|-----|---|----------|---------------------------------------|---------------------------------|--------|---------------------------|
|                             |     | Check if Schedule O contains a response or note   | e to any | line in this Part X                   |                                 |        |                           |
|                             |     |   |          |                                       | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing   |          |                                       | 18,706.                         | 1      | 20,946                    |
|                             | 2   | Savings and temporary cash investments  |          |                                       |                                 | 2      |                           |
|                             | 3   | Pledges and grants receivable, net  |          |                                       | 489,000.                        | 3      |                           |
|                             | 4   | Accounts receivable, net  |          |                                       | 1,049,327.                      | 4      | 1,061,283                 |
|                             | 5   | Loans and other receivables from current and fo   |          |                                       |                                 |        |                           |
|                             |     | trustees, key employees, and highest compensa   |          | , , , , , , , , , , , , , , , , , , , |                                 |        |                           |
|                             |     | Part II of Schedule L   |          | ·                                     |                                 | 5      |                           |
|                             | 6   | Loans and other receivables from other disqualif  |          |                                       |                                 |        |                           |
|                             | _   | section 4958(f)(1)), persons described in section   | •        | ,                                     |                                 |        |                           |
|                             |     | employers and sponsoring organizations of section   |          |                                       |                                 |        |                           |
| ,                           |     | employees' beneficiary organizations (see instr).   |          | ·                                     |                                 | 6      |                           |
| Assets                      | 7   | Notes and loans receivable, net   |          |                                       |                                 | 7      |                           |
| Ass                         | 8   | Inventories for sale or use   |          |                                       |                                 | 8      |                           |
|                             | 9   | B   |          | l                                     | 74,103.                         | 9      | 25,899                    |
|                             |     | Land, buildings, and equipment: cost or other   | I I      |                                       | , _ / _ 0 0 1                   |        |                           |
|                             | ioa | basis. Complete Part VI of Schedule D   | 102      | 4.705.780.                            |                                 |        |                           |
|                             | h   | Less: accumulated depreciation  | 10h      | 4,705,780.<br>2,584,640.              | 1,654,118.                      | 10c    | 2.121.140                 |
|                             | 11  | Investments - publicly traded securities  | 100      |                                       | 14,700.                         | 11     | 2,121,140<br>16,843       |
|                             | 12  | Investments - other securities. See Part IV, line 1   |          |                                       | 22//000                         | 12     | 10,013                    |
|                             | 13  | Investments - other securities, see Fart IV, line 1  Investments - program-related. See Part IV, line 1 |          |                                       |                                 | 13     |                           |
|                             | 14  |   |          | 14                                    |                                 |        |                           |
|                             | 15  | Intangible assets   |          |                                       | 193,208.                        | 15     | 149,454                   |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa   |          |                                       | 3,493,162.                      | 16     | 3,395,565                 |
|                             | 17  | Accounts payable and accrued expenses   |          |                                       | 867,702.                        | 17     | 1,868,476                 |
|                             | 18  | Grants payable  |          | 18                                    |                                 |        |                           |
|                             | 19  | Deferred revenue  |          | 14,465.                               | 19                              | 33,298 |                           |
|                             | 20  | Tax-exempt bond liabilities   |          |                                       | 20                              |        |                           |
|                             | 21  | Escrow or custodial account liability. Complete F   |          |                                       |                                 | 21     |                           |
| .                           | 22  | Loans and other payables to current and former  |          |                                       |                                 |        |                           |
| ties                        |     | key employees, highest compensated employee   |          |                                       |                                 |        |                           |
| Liabilities                 |     |   |          |                                       |                                 | 22     | 199,702                   |
| Lia                         | 23  | Secured mortgages and notes payable to unrela   |          | d parties                             | 1,584,613.                      | 23     | 1,358,373                 |
|                             | 24  | Unsecured notes and loans payable to unrelated  |          |                                       |                                 | 24     |                           |
|                             | 25  | Other liabilities (including federal income tax, pay  |          |                                       |                                 |        |                           |
|                             |     | parties, and other liabilities not included on lines  |          | l l                                   |                                 |        |                           |
|                             |     | Schedule D  |          |                                       | 441,842.                        | 25     | 417,685                   |
|                             | 26  | Total liabilities. Add lines 17 through 25  |          |                                       | 2,908,622.                      | 26     | 417,685<br>3,877,534      |
|                             |     | Organizations that follow SFAS 117 (ASC 958)  |          |                                       |                                 |        |                           |
| s                           |     | complete lines 27 through 29, and lines 33 and  |          |                                       |                                 |        |                           |
| ا<br>ا                      | 27  | Unrestricted net assets   |          |                                       | -286,123.                       | 27     | -1,028,393                |
| alai                        | 28  |   |          |                                       | 784,263.                        | 28     | 460,024                   |
| g                           | 29  | Permanently restricted net assets   |          |                                       | 86,400.                         | 29     | 86,400                    |
| בַּ                         |     | Organizations that do not follow SFAS 117 (AS   | SC 958)  | , check here                          |                                 |        |                           |
| ᆰ                           |     | and complete lines 30 through 34.   |          |                                       |                                 |        |                           |
| ts                          | 30  | Capital stock or trust principal, or current funds  |          |                                       |                                 | 30     |                           |
| SSE                         | 31  | Paid-in or capital surplus, or land, building, or eq  |          |                                       |                                 | 31     |                           |
| Net Assets or Fund Balances | 32  | Retained earnings, endowment, accumulated inc   |          |                                       |                                 | 32     |                           |
| ž                           | 33  | Total net assets or fund balances   |          |                                       | 584,540.                        | 33     | -481,969                  |
|                             | 34  | Total liabilities and net assets/fund balances  |          | l l                                   | 3,493,162.                      | 34     | 3,395,565                 |

| Pa | T XI Reconciliation of Net Assets   |            |       |            |            |  |  |  |
|----|---|------------|-------|------------|------------|--|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI   | <u></u>    |       |            |            |  |  |  |
|    |   |            |       |            |            |  |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 11,75 |            |            |  |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 12,82 |            |            |  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3          | -1,06 |            |            |  |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                                 | 4          | 58    | <u>4,5</u> | 40.        |  |  |  |
| 5  | Net unrealized gains (losses) on investments  | 5          |       |            |            |  |  |  |
| 6  | Donated services and use of facilities  | 6          |       |            |            |  |  |  |
| 7  | Investment expenses   | 7          |       |            |            |  |  |  |
| 8  | Prior period adjustments  | 8          |       |            |            |  |  |  |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9          |       |            | 0.         |  |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                        |            |       |            |            |  |  |  |
|    | column (B))   | 10         | -48   | 1,9        | <u>69.</u> |  |  |  |
| Pa | t XII Financial Statements and Reporting  |            |       |            |            |  |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |            |       |            | X          |  |  |  |
|    |   |            |       | Yes        | No         |  |  |  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            | _     |            |            |  |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule            | <b>)</b> . |       |            |            |  |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                           |            | 2a    |            | _X_        |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed           | on a       |       |            |            |  |  |  |
|    | separate basis, consolidated basis, or both:  |            |       |            |            |  |  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |            |       |            |            |  |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?  |            | 2b    | X          | <u> </u>   |  |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate          | basis,     |       |            |            |  |  |  |
|    | consolidated basis, or both:  |            |       |            |            |  |  |  |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |            |       |            |            |  |  |  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the        | audit,     |       |            |            |  |  |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                            |            | 2c    | X          |            |  |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |            |       |            |            |  |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single    | gle Audit  |       |            |            |  |  |  |
|    | Act and OMB Circular A-133?   |            | 3a    |            | X          |  |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required     | ed audit   |       |            |            |  |  |  |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                  |            | 3b    |            |            |  |  |  |
|    |   |            | Form  | 990        | (2018)     |  |  |  |

#### 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

Open to Public Inspection

**Employer identification number** Name of the organization FUTURES EXPLORED, 94-1567161 INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec  | ction A. Public Support                      | , , , , , , , , , , , , , , , , , , , |                      | ,                      |                           |                     |                 |
|------|--|---------------------------------------|----------------------|------------------------|---------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2014                              | <b>(b)</b> 2015      | (c) 2016               | (d) 2017                  | (e) 2018            | (f) Total       |
|      | Gifts, grants, contributions, and            | , ,                                   | ` ,                  | ` ,                    | , ,                       | ` ,                 | ,,              |
|      | membership fees received. (Do not            |                                       |                      |                        |                           |                     |                 |
|      | include any "unusual grants.")               | 312,220.                              | 899,237.             | 120,271.               | 797,690.                  | 192,196.            | 2321614.        |
| 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          |                                       |                      |                        |                           |                     |                 |
|      | the organization without charge              |                                       |                      |                        |                           |                     |                 |
| 4    | Total. Add lines 1 through 3                 | 312,220.                              | 899,237.             | 120,271.               | 797,690.                  | 192,196.            | 2321614.        |
| 5    | The portion of total contributions           |                                       |                      |                        |                           |                     |                 |
|      | by each person (other than a                 |                                       |                      |                        |                           |                     |                 |
|      | governmental unit or publicly                |                                       |                      |                        |                           |                     |                 |
|      | supported organization) included             |                                       |                      |                        |                           |                     |                 |
|      | on line 1 that exceeds 2% of the             |                                       |                      |                        |                           |                     |                 |
|      | amount shown on line 11,                     |                                       |                      |                        |                           |                     |                 |
|      | column (f)                                   |                                       |                      |                        |                           |                     | 1143029.        |
| 6    | Public support. Subtract line 5 from line 4. |                                       |                      |                        |                           |                     | 1178585.        |
| Sec  | ction B. Total Support                       |                                       |                      |                        |                           |                     |                 |
| Cale | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2014                       | <b>(b)</b> 2015      | <b>(c)</b> 2016        | <b>(d)</b> 2017           | <b>(e)</b> 2018     | (f) Total       |
| 7    | Amounts from line 4                          | 312,220.                              | 899,237.             | 120,271.               | 797,690.                  | 192,196.            | 2321614.        |
| 8    | Gross income from interest,                  |                                       |                      |                        |                           |                     |                 |
|      | dividends, payments received on              |                                       |                      |                        |                           |                     |                 |
|      | securities loans, rents, royalties,          |                                       |                      |                        |                           |                     |                 |
|      | and income from similar sources              | 2,293.                                | 237.                 | 147.                   | 495.                      | 1,016.              | 4,188.          |
| 9    | Net income from unrelated business           |                                       |                      |                        |                           |                     |                 |
|      | activities, whether or not the               |                                       |                      |                        |                           |                     |                 |
|      | business is regularly carried on             |                                       |                      |                        |                           |                     |                 |
| 10   | Other income. Do not include gain            |                                       |                      |                        |                           |                     |                 |
|      | or loss from the sale of capital             |                                       |                      |                        |                           |                     |                 |
|      | assets (Explain in Part VI.)                 | 20,991.                               | 31,267.              | 6,734.                 | 10,729.                   | 13,436.             |                 |
| 11   | Total support. Add lines 7 through 10        |                                       |                      |                        |                           |                     | 2408959.        |
| 12   | Gross receipts from related activities,      | etc. (see instruction                 | ns)                  |                        |                           | 12 55               | ,365,151.       |
| 13   | First five years. If the Form 990 is for     | the organization's                    | first, second, third | d, fourth, or fifth ta | x year as a sectior       | 501(c)(3)           |                 |
|      | organization, check this box and stop        |                                       |                      |                        |                           |                     |                 |
| Sec  | ction C. Computation of Publi                | c Support Per                         | centage              |                        |                           |                     |                 |
| 14   | Public support percentage for 2018 (li       | ine 6, column (f) di                  | vided by line 11, c  | olumn (f))             |                           | 14                  | <u>48.93 %</u>  |
| 15   | Public support percentage from 2017          | Schedule A, Part                      | II, line 14          |                        |                           | 15                  | 57.04 %         |
| 16a  | 1 33 1/3% support test - 2018. If the o      | organization did no                   | t check the box or   | n line 13, and line 1  | 14 is 33 1/3% or m        | ore, check this box | x and           |
|      | stop here. The organization qualifies        | as a publicly supp                    | orted organization   |                        |                           |                     | <b>▶</b> X      |
| b    | 33 1/3% support test - 2017. If the o        |                                       |                      |                        |                           |                     |                 |
|      | and stop here. The organization qual         | ifies as a publicly s                 | upported organiza    | ation                  |                           |                     | ▶□              |
| 17a  | 10% -facts-and-circumstances test            |                                       |                      |                        |                           |                     |                 |
|      | and if the organization meets the "fac       | ts-and-circumstand                    | es" test, check th   | is box and stop h      | ere. Explain in Pa        | t VI how the organ  | nization        |
|      | meets the "facts-and-circumstances"          | test. The organizat                   | ion qualifies as a p | oublicly supported     | organization              |                     |                 |
| b    | 10% -facts-and-circumstances test            | - 2017. If the org                    | anization did not c  | heck a box on line     | 13, 16a, 16b, or 1        | 7a, and line 15 is  | 10% or          |
|      | more, and if the organization meets th       | ne "facts-and-circur                  | mstances" test, ch   | eck this box and       | <b>stop here.</b> Explair | in Part VI how the  | e               |
|      | organization meets the "facts-and-circ       | cumstances" test.                     | Γhe organization q   | ualifies as a public   | ly supported orgar        | nization            |                 |
| 18   | Private foundation. If the organizatio       | n did not check a                     | oox on line 13, 16a  | a, 16b, 17a, or 17b    | , check this box a        | nd see instructions | s <b>&gt;</b>   |
|      |  |                                       |                      |                        | Sche                      | dule A (Form 990    | or 990-EZ) 2018 |

### 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  | ow, piease com          | piete Part II.)           |                        |                     |                    |                 |
|--|-------------------------|---------------------------|------------------------|---------------------|--------------------|-----------------|
| alendar year (or fiscal year beginning in)   | (a) 2014                | <b>(b)</b> 2015           | (c) 2016               | (d) 2017            | (e) 2018           | (f) Total       |
| Gifts, grants, contributions, and<br>membership fees received. (Do not<br>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   |                         |                           |                        |                     |                    |                 |
| <b>7a</b> 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   |                         |                           |                        |                     |                    |                 |
| alendar year (or fiscal year beginning in)   | (a) 2014                | <b>(b)</b> 2015           | (c) 2016               | (d) 2017            | (e) 2018           | (f) Total       |
| 9 Amounts from line 6  | (a) 2014                | (6) 2010                  | (6) 2010               | (4) 2017            | (6) 2010           | (i) rotai       |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                         |                           |                        |                     |                    |                 |
| <b>b</b> Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>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   |                         |                           |                        |                     |                    |                 |
| 2 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.)   |                         |                           |                        |                     |                    |                 |
| 14 First five years. If the Form 990 is for t  | he organization'        | s first, second, thir     | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organi | zation,         |
| check this box and stop here   |                         |                           |                        |                     | <u></u>            | <b>&gt;</b>     |
| Section C. Computation of Public   |                         |                           |                        |                     | T T                |                 |
| 5 Public support percentage for 2018 (lin  |                         |                           | column (f))            |                     | 15                 | 9/              |
| 6 Public support percentage from 2017 S  |                         |                           |                        |                     | 16                 | 9/              |
| Section D. Computation of Invest   |                         |                           |                        |                     | T I                |                 |
| 17 Investment income percentage for 201  |                         |                           |                        |                     | 17                 | 9               |
| Investment income percentage from 20   |                         |                           |                        |                     | 18                 | 9               |
| 19a 33 1/3% support tests - 2018. If the o   | •                       |                           | •                      |                     |                    |                 |
| more than 33 1/3%, check this box and b 33 1/3% support tests - 2017. If the c   | -                       | -                         |                        |                     |                    |                 |
| line 18 is not more than 33 1/3%, check  | k this box and <b>s</b> | <b>top here.</b> The orga | nization qualifies a   | as a publicly suppo | orted organization | · <b>&gt;</b> 🗀 |
| 20 Private foundation. If the organization   | did not check a         | box on line 14, 19        | a or 19b check th      | nis box and see ins | structions         | ▶ [             |

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|      | Yes | No |
|------|-----|----|
|      |     |    |
| 1    |     |    |
| •    |     |    |
| 2    |     |    |
| _    |     |    |
| За   |     |    |
| - Gu |     |    |
| 3b   |     |    |
|      |     |    |
| 3с   |     |    |
|      |     |    |
| 4a   |     |    |
| -14  |     |    |
| 4b   |     |    |
| 7.5  |     |    |
|      |     |    |
| 4c   |     |    |
|      |     |    |
|      |     |    |
| 5a   |     |    |
|      |     |    |
| 5b   |     |    |
| 5c   |     |    |
|      |     |    |
| 6    |     |    |
|      |     |    |
| 7    |     |    |
|      |     |    |
| 8    |     |    |
|      |     |    |
| 9a   |     |    |
|      |     |    |
| 9b   |     |    |
|      |     |    |
| 9с   |     |    |
| 30   |     |    |
| 10-  |     |    |
| 10a  |     |    |
| 10b  |     |    |
| עטו  | L   |    |

| Par  | TIV   Supporting Organizations (continued)  |            |     |      |
|------|---|------------|-----|------|
|      |   |            | Yes | No   |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |            |     |      |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |            |     |      |
|      | below, the governing body of a supported organization?  | 11a        |     |      |
| b    | A family member of a person described in (a) above?   | 11b        |     |      |
|      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c        |     |      |
| Sect | tion B. Type I Supporting Organizations   |            |     |      |
|      |   |            | Yes | No   |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to   |            |     |      |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |            |     |      |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or   |            |     |      |
|      | controlled the organization's activities. If the organization had more than one supported organization,   |            |     |      |
|      | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported   |            |     |      |
|      | 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,   |            |     |      |
|      | 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  |            |     |      |
|      | 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  |            |     |      |
| 800  | the supported organization(s). tion D. All Type III Supporting Organizations  | 1          |     |      |
| Sec  | tion b. All Type in Supporting Organizations  |            | V   | N1 - |
|      |   |            | 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  |            |     |      |
| 2    | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1          |     |      |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how |            |     |      |
|      |   | 2          |     |      |
| 3    | the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a                  |            |     |      |
| Ū    | 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          |     |      |
| Sect | 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 year (see instruction  | s).        |     |      |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  | •          |     |      |
| b    | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |            |     |      |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in   | structions | ).  |      |
| 2    | Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more   |            |     |      |
|      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the  |            |     |      |
|      | reasons for the organization's position that its supported organization(s) would have engaged in these  |            |     |      |
|      | activities but for the organization's involvement.  | 2b         |     |      |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.  |            |     |      |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |            |     |      |
|      | trustees of each of the supported organizations? Provide details in Part VI.  | 3a         |     |      |
| b    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |            |     |      |
|      | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.   | 3b         |     |      |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                    | ng Organi       | zations                     |                                |
|------|---|-----------------|-----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N   | lov. 20, 1970 (explain in F | Part VI.) See instructions. Al |
|      | other Type III non-functionally integrated supporting organizations must of     | complete Sec    | tions A through E.          |                                |
| Sect | ion A - Adjusted Net Income   |                 | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1               |                             |                                |
| 2    | Recoveries of prior-year distributions  | 2               |                             |                                |
| 3    | Other gross income (see instructions)   | 3               |                             |                                |
| 4    | Add lines 1 through 3   | 4               |                             |                                |
| 5    | Depreciation and depletion  | 5               |                             |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |                 |                             |                                |
|      | collection of gross income or for management, conservation, or                  |                 |                             |                                |
|      | maintenance of property held for production of income (see instructions)        | 6               |                             |                                |
| 7    | Other expenses (see instructions)   | 7               |                             |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8               |                             |                                |
| Sect | ion B - Minimum Asset Amount  |                 | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |                 |                             |                                |
|      | instructions for short tax year or assets held for part of year):               |                 |                             |                                |
| a    | Average monthly value of securities   | 1a              |                             |                                |
| b    | Average monthly cash balances   | 1b              |                             |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c              |                             |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d              |                             |                                |
| е    | Discount claimed for blockage or other  |                 |                             |                                |
|      | factors (explain in detail in Part VI):   |                 |                             |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2               |                             |                                |
| 3    | Subtract line 2 from line 1d  | 3               |                             |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |                 |                             |                                |
|      | see instructions)   | 4               |                             |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5               |                             |                                |
| 6    | Multiply line 5 by .035   | 6               |                             |                                |
| _7_  | Recoveries of prior-year distributions  | 7               |                             |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8               |                             |                                |
| Sect | ion C - Distributable Amount  |                 |                             | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1               |                             |                                |
| 2    | Enter 85% of line 1   | 2               |                             |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3               |                             |                                |
| 4    | Enter greater of line 2 or line 3   | 4               |                             |                                |
| 5    | Income tax imposed in prior year  | 5               |                             |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |                 |                             |                                |
|      | emergency temporary reduction (see instructions)                                | 6               |                             |                                |
| 7    | Check here if the current year is the organization's first as a non-function    | ally integrated | d Type III supporting orga  | anization (see                 |
|      | instructions).  | · -             |                             | ·                              |

Schedule A (Form 990 or 990-EZ) 2018

| rar   | TEV   Type III Non-Functionally integrate                 | ea 509    | (a)(3) Supporting Orga        | inizations (continued)         |                               |
|-------|---|-----------|-------------------------------|--------------------------------|-------------------------------|
| Secti | tion D - Distributions                                    |           |                               | ,                              | Current Year                  |
| 1     | Amounts paid to supported organizations to accomp         | plish exe | mpt purposes                  |                                |                               |
| 2     | Amounts paid to perform activity that directly furthe     | rs exemp  | ot purposes of supported      |                                |                               |
|       | organizations, in excess of income from activity          |           |                               |                                |                               |
| 3     | · · · · · · · · · · · · · · · · · · ·                     | t purpose | es of supported organizations |                                |                               |
|       | <u> </u>  | •         |                               |                                |                               |
| 5     | Qualified set-aside amounts (prior IRS approval requ      | uired)    |                               |                                |                               |
| 6     | *   |           |                               |                                |                               |
| 7     | Total annual distributions. Add lines 1 through 6.        |           |                               |                                |                               |
| 8     | Distributions to attentive supported organizations to     | which th  | ne organization is responsive |                                |                               |
|       | (provide details in <b>Part VI</b> ). See instructions.   |           | J                             |                                |                               |
| 9     | Distributable amount for 2018 from Section C, line 6      | <br>3     |                               |                                |                               |
|       |   | =         |                               |                                |                               |
|       | amount amount into a amount                               |           | (i)                           | (ii)                           | (iii)                         |
| Secti | tion E - Distribution Allocations (see instructions)      |           | Excess Distributions          | Underdistributions<br>Pre-2018 | Distributable Amount for 2018 |
| 1     | Distributable amount for 2018 from Section C, line 6      | 3         |                               |                                |                               |
| 2     | Underdistributions, if any, for years prior to 2018 (real | ason-     |                               |                                |                               |
|       | able cause required- explain in Part VI). See instruct    | tions.    |                               |                                |                               |
| 3     | Excess distributions carryover, if any, to 2018           |           |                               |                                |                               |
| а     | From 2013   |           |                               |                                |                               |
| b     | From 2014   |           |                               |                                |                               |
| С     | From 2015   |           |                               |                                |                               |
| d     | From 2016   |           |                               |                                |                               |
|       | From 2017   |           |                               |                                |                               |
| f     | Total of lines 3a through e                               |           |                               |                                |                               |
| g     | Applied to underdistributions of prior years              |           |                               |                                |                               |
| h     | Applied to 2018 distributable amount                      |           |                               |                                |                               |
| i     | Carryover from 2013 not applied (see instructions)        |           |                               |                                |                               |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.         |           |                               |                                |                               |
| 4     | Distributions for 2018 from Section D,                    |           |                               |                                |                               |
|       | line 7:   |           |                               |                                |                               |
| а     | Applied to underdistributions of prior years              |           |                               |                                |                               |
|       | Applied to 2018 distributable amount                      |           |                               |                                |                               |
| С     | Remainder. Subtract lines 4a and 4b from 4.               |           |                               |                                |                               |
| 5     | Remaining underdistributions for years prior to 2018      | 3, if     |                               |                                |                               |
|       | any. Subtract lines 3g and 4a from line 2. For result     | -         |                               |                                |                               |
|       | than zero, explain in <b>Part VI.</b> See instructions.   | -         |                               |                                |                               |
| 6     | Remaining underdistributions for 2018. Subtract line      | es 3h     |                               |                                |                               |
|       | and 4b from line 1. For result greater than zero, expl    |           |                               |                                |                               |
|       | Part VI. See instructions.                                |           |                               |                                |                               |
| 7     | Excess distributions carryover to 2019. Add lines         | 3i        |                               |                                |                               |
| -     | and 4c.   | .,        |                               |                                |                               |
| 8     |   |           |                               |                                |                               |
|       | Excess from 2014  |           |                               |                                |                               |
|       | Excess from 2015  |           |                               |                                |                               |
|       | Excess from 2016  |           |                               |                                |                               |
|       | Excess from 2017  |           |                               |                                |                               |
|       | Excess from 2018  |           |                               |                                |                               |
|       |   |           |                               |                                |                               |

Schedule A (Form 990 or 990-EZ) 2018

Part VI

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number FUTURES EXPLORED, INC 94-1567161

| Filers of |   | Section:   |
|-----------|---|--|
| Form 990  | or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |
|           |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |
|           |   | 527 political organization   |
| Form 990  | )-PF  | 501(c)(3) exempt private foundation  |
|           |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |
|           |   | 501(c)(3) taxable private foundation   |
|           |   |  |
|           |   | covered by the <b>General Rule</b> or a <b>Special Rule.</b> '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |
| General   | Rule  |  |
|           | -   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |
| Special l | Rules   |  |
| X         | sections 509(a)(1) a<br>any one contributor                 | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.   |
|           | year, total contribut                                       | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),  |
|           | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year |
| but it mu | st answer "No" on F   | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

FUTURES EXPLORED, INC

94-1567161

| OTOIL      | ED EMILIONED, THE  |                            | 1307101  |
|------------|--|----------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions    | (d)<br>Type of contribution  |
| 1          |  | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions    | (d)<br>Type of contribution  |
| 2          |  | \$10,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |  | \$10,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |  | \$<br>\$                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | <b>\$</b>                  | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization Employer identification number

# FUTURES EXPLORED, INC

94-1567161

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed.       |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | <u> </u>                                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | <b>\$</b>                                 |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | <br>                                      |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | <u> </u>                                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | <br>  \$                                  |                      |

Name of organization **Employer identification number** FUTURES EXPLORED, INC 94-1567161 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **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

FUTURES EXPLORED, INC

**Employer identification number** 94-1567161

| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II  | Par  | Organizations Maintaining Donor Advised                        | l Funds or Other Similar Funds             | or Accounts. Complete if the                   |
|---|------|--|--|--|
| 1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete ines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of states where property subject to conservation easements is located by a visit of the National Register  Number of states where property subject to conservation easements in list of the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170ph)(4(B)(B))  1 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in the requirements of section 170ph)(4(B)(B))  9 In Part XIII, describe how t  |      | organization answered "Yes" on Form 990, Part IV, line         | e 6.                                       |  |
| 2 Aggregate value of contributions to (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 donor advised funds are the organization inform all orders and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of pans pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements  3 Total arceage restricted by conservation easements  4 Number of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  5 Number of conservation easements in confided, transferred, released, extinguished, or terminated by the organization during the tax year?  4 Number of states where property subject to conservation easement is located Positions, and enforcing conservation easements during the year Position and value and  |      |  | (a) Donor advised funds                    | (b) Funds and other accounts                   |
| 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 donor advisor during the tree organization is property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of natural habitat  Protection of natural habitat  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Total acreage restricted by conservation easements  5 Number of conservation easements on a certified historic structure included in (a)  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  1 Number of states where property subject to conservation easement is located   2 So Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  2 Amount of expenses incurred of the conservation easements in holds?  3 Amount of expenses incurred of the conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in this revenue and expenses statement, and balance shee   | 1    | Total number at end of 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 donor advisor funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure □ Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements.  1 Total acreage restricted by conservation easements.  2 Total acreage restricted by conservation easements.  3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  4 Number of states where property subject to conservation easement is located.  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements that holds?  5 Does the organization have a written policy reparding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements.  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of se   | 2    | Aggregate value of contributions to (during year)              |  |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of perservation easements held by the organization contribution in the form of a conservation easement on the last day of the tax year.  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure lasted in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 Number of states where property subject to conservation easement is located >  10 Staff and volunteer house devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year organization seasement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)  | 3    | Aggregate value of grants from (during year)                   |  |  |
| are the organization's property, subject to the organization's exclusive legal control?   | 4    | Aggregate value at end of year                                 |  |  |
| 6 Did the organization inform all grantlees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferning impermissible private benefit?  Personation Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  I held at the End of the Tax Yea  Total number of conservation easements  Conservation easements are called in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  Number of states where property subject to conservation easement is located P  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  No Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the foothorte to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes"    | 5    | -  | -  |  |
| for charitable puryoses and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).  |      |  |  |  |
| Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)  | 6    | Did the organization inform all grantees, donors, and donor ad | lvisors in writing that grant funds can be | e used only                                    |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(6) of conservation easements held by the organization (check all that apply).    Preservation of I and for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of and for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space    2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2b   Total areage restricted by conservation easements   2b   Total areage restricted by conservation easements   2b   Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   2d   Number of states where property subject to conservation easement is located   2d   Number of states where property subject to conservation easement is located   2d   Number of states where property subject to conservation easements is located   2d   Number of states where property subject to conservation easements is located   2d   Number of states where property subject to conservation easements is located   2d   Number of states where property subject to conservation easements is located   2d   Number of states where property subject to conservation easements in this revenue and expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   3d   Number of states where property subject in the organization reports conservation easements in its revenue and expense sta   |      | ·  | donor advisor, or for any other purpose    |  |
| Propose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  Protection of natural habitat  Preservation of open space  Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  2a  Held at the End of the Tax Yea  2a  Total acreage restricted by conservation easements  2b  Total acreage restricted by conservation easements  2b  Ze  Ze  Ze  Ze  Ze  Ze  Ze  Ze  Ze  Z  | Day  |  |  |  |
| Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area Protection of natural habitat  Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Itel did at the End of the Tax Yea Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds?  A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No sea such conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, ine 8.  If if the organization elected, as permitted under SFAS 116 (ASC 958   |      |  |  | Part IV, line 7.                               |
| Protection of natural habitat   | 1    |  |  |  |
| Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organiza  |      |  |  | •  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii))  and section 170(h)(4)(B)(iii)?  |      |  | Preservation of a cer                      | rtified historic structure                     |
| day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(ii)  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part V, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items:  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in    |      |  |  |  |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements in the located   Number of states where property subject to conservation easements in the located   Number of states where property subject to conservation easements in the located   Number of states where property subject to conservation easements during the text   Number of states where property subject to conservation, handling of violations, and enforcing conservation easements during the year   Number of states where property subject to property in the requirements of section 170(h)(4)(B)(I)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)   | 2    |  | ed conservation contribution in the form   |  |
| b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)   9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the fo  |      | •  |  | Held at the End of the Tax Year                |
| c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   3 Number of scenes incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   4 Number of scenes incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 Notes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the or  | а    |  |  |  |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | b    | ,                        |  |  |
| Ilisted in the National Register  |      |  |  |  |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes Notes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Par   | d    | •                        | •  |  |
| A Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  |      |  |  |  |
| Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ▶   | 3    |  | eased, extinguished, or terminated by the  | e organization during the tax                  |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Manual of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during th  |      | · · ———  |  |  |
| violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Yes Description in 170(h)(4)(B)(ii)  Yes Description in 170(h)(4)(B)(ii)  Yes Description in 170(h)(4)(B)(iii)  Yes Description   |      |  | · · · · · · · · · · · · · · · · · · ·      |  |
| Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Samount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Namount of expenses incurred in monitoring, inspecting the requirements of section 170(h)(4)(B)(ii)   Namount of expenses incurred in monitoring, inspecting the sea end of patients of the versue and expense statement, and expenses the ergonization easements of the versue and expense statement, and expenses the versue and expense statement, and expenses the versue and expense statement, and expenses the versue and expe  | 5    |  |  |  |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S  |      | •  |  |  |
| <ul> <li>▶ \$</li></ul>   | 6    | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing con  | servation easements during the year            |
| <ul> <li>▶ \$</li></ul>   | _    | <u> </u>   |  |  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | 7    |  | ing of violations, and enforcing conserva  | ation easements during the year                |
| and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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  | _    | ·  |  | (A) (A) (D) (C)                                |
| In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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   | 8    |  |  |  |
| include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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   | •    |  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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  | 9    |  | •  |  |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1    S  |      |  | on's financial statements that describes   | the organization's accounting for              |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1    S   | Par  | t III Organizations Maintaining Collections of                 | Art Historical Treasures or O              | ther Similar Assets                            |
| <ul> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ol> <li>Revenue included on Form 990, Part VIII, line 1</li> <li>Assets included in Form 990, Part X</li> </ol> </li> </ul>   | . u. |  |  | and difficult / 1000 to                        |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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   | 10   |  |  | mont and balance sheet works of art            |
| the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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   | ıa   |  | •  | ·  |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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   |      |  |  | ance of public service, provide, in Fart Alli, |
| treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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   | h    |  |  | t and balance sheet works of art, historical   |
| relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   | b    |  | ***  |  |
| (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   * * * * * * * * * * * * * * * * * *   |      |  | ucation, or research in furtherance of pu  | iblic service, provide the following amounts   |
| (ii) Assets included in Form 990, Part X  |      | -  |  | <b>•</b> •                                     |
|   |      |  |  |  |
|   | 2    |  |  |  |
| , , , , , , , , , , , , , , , , , , ,   | 2    |  |  | ai gaiii, provide                              |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:   | _    |  |  | <b>•</b> \$                                    |
| a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X   \$ \bullet\$ \$  |      |  |  | _  |

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

Schedule D (Form 990) 2018

| Par      | rt III Organizations Maintaining               | Collections of Art                    | , Historical Tre        | asures, or C        | ther S    | Simila              | r Assets      | (continu    | ued)        |
|----------|--|---------------------------------------|-------------------------|---------------------|-----------|---------------------|---------------|-------------|-------------|
| 3        | Using the organization's acquisition, access   | ssion, and other records              | s, check any of the f   | ollowing that are   | e a sign  | ificant u           | se of its c   | ollection i | tems        |
|          | (check all that apply):                        |                                       |                         |                     |           |                     |               |             |             |
| а        | Public exhibition                              | d                                     | Loan or exc             | hange programs      | 3         |                     |               |             |             |
| b        | Scholarly research                             | е                                     | Other                   |                     |           |                     |               |             |             |
| С        | Preservation for future generations            |                                       |                         |                     |           |                     |               |             |             |
| 4        | Provide a description of the organization's    | collections and explain               | how they further th     | e organization's    | exemp     | t purpo             | se in Part    | XIII.       |             |
| 5        | During the year, did the organization solici   | t or receive donations o              | f art, historical treas | ures, or other s    | imilar as | ssets               |               |             |             |
|          | to be sold to raise funds rather than to be    |                                       |                         |                     |           |                     |               | Yes         | ☐ No        |
| Par      | rt IV Escrow and Custodial Arra                |                                       | te if the organizatio   | n answered "Ye      | s" on F   | orm 990             | ), Part IV, I | ine 9, or   |             |
|          | reported an amount on Form 990, F              | Part X, line 21.                      |                         |                     |           |                     |               |             |             |
| 1a       | Is the organization an agent, trustee, custo   | odian or other intermedi              | ary for contributions   | or other assets     | s not inc | cluded              |               | _           |             |
|          | on Form 990, Part X?                           |                                       |                         |                     |           |                     |               | Yes         | No          |
| b        | If "Yes," explain the arrangement in Part X    | III and complete the foll             | owing table:            |                     |           |                     |               |             |             |
|          |  |                                       |                         |                     |           |                     |               | Amount      |             |
| С        | Beginning balance                              |                                       |                         |                     |           | 1c                  |               |             |             |
| d        | Additions during the year                      |                                       |                         |                     |           | 1d                  |               |             |             |
| е        | Distributions during the year                  |                                       |                         |                     |           | 1e                  |               |             |             |
| f        |  |                                       |                         |                     |           | 1f                  |               |             |             |
| 2a       | Did the organization include an amount or      | Form 990, Part X, line                | 21, for escrow or cu    | stodial account     | liability | ?                   | L             | Yes         | No          |
|          | If "Yes," explain the arrangement in Part X    |                                       |                         |                     |           |                     |               |             |             |
| Par      | rt V Endowment Funds. Complet                  |                                       |                         |                     |           |                     |               |             |             |
|          |  | (a) Current year                      | (b) Prior year          | (c) Two years b     |           |                     | ears back     | (e) Four    | years back  |
|          | Beginning of year balance                      |                                       | 48,826.                 | 48,1                | .23.      |                     | 47,335.       |             | 46,981.     |
| b        | Contributions                                  |                                       |                         |                     |           |                     |               |             |             |
| С        | Net investment earnings, gains, and losses     | 3,314.                                | 229.                    | 7                   | 03.       |                     | 788.          |             | 354.        |
| d        | Grants or scholarships                         |                                       |                         |                     |           |                     |               |             |             |
| е        | Other expenditures for facilities              |                                       |                         |                     |           |                     |               |             |             |
|          | and programs                                   |                                       |                         |                     |           |                     |               |             |             |
| f        | 1  |                                       |                         |                     |           |                     |               |             |             |
| g        | ,  | •                                     | 49,055.                 | 48,8                | 326.      |                     | 48,123.       |             | 47,335.     |
| 2        | Provide the estimated percentage of the c      | •                                     | (line 1g, column (a)    | ) held as:          |           |                     |               |             |             |
| а        | Board designated or quasi-endowment            |                                       | _%                      |                     |           |                     |               |             |             |
| b        |  |                                       |                         |                     |           |                     |               |             |             |
| С        | Temporarily restricted endowment               | %                                     |                         |                     |           |                     |               |             |             |
|          | The percentages on lines 2a, 2b, and 2c sl     | · ·                                   |                         |                     |           |                     |               |             |             |
| За       | Are there endowment funds not in the pos       | session of the organiza               | tion that are held ar   | id administered     | for the   | organiza            | ation         | Г           |             |
|          | by:  |                                       |                         |                     |           |                     |               |             | Yes No      |
|          | (i) unrelated organizations                    |                                       |                         |                     |           |                     |               | 3a(i)       | X           |
|          |  |                                       |                         |                     |           |                     |               | 3a(ii)      | <u>_</u> ^_ |
|          | If "Yes" on line 3a(ii), are the related organ |                                       |                         |                     |           |                     |               | 3b          |             |
| 4<br>Par | rt VI Land, Buildings, and Equip               |                                       | vment tunas.            |                     |           |                     |               |             |             |
| ı uı     |  |                                       | Dort IV line 11e C      | 00 Form 000 D       | ort V lin | o 10                |               |             |             |
|          | Complete if the organization answer            |                                       |                         |                     |           |                     |               | (-I) D I    |             |
|          | Description of property                        | (a) Cost or ot basis (investm         |                         | or other<br>(other) |           | umulate<br>eciation |               | (d) Book    | value       |
| 4-       | Land   | <u> </u>                              |                         | 8,000.              | черп      | COIGLIOIT           |               | 509         | ,000.       |
|          | Land   | • • • • • • • • • • • • • • • • • • • |                         | 4,529.              | 6.        | 48,7                | 91            |             | 738.        |
|          | Buildings                                      |                                       |                         | 6,753.              |           | 21,1                |               |             | ,619.       |
|          | Leasehold improvements                         | • • • • • • • • • • • • • • • • • • • |                         | 5,779.              |           | 07,1                |               |             | ,607.       |
|          | Equipment                                      | • • • • • • • • • • • • • • • • • • • |                         | 0,719.              |           | 07,5                |               |             | ,176.       |
| е        | Other  |                                       | 02                      | ·, / ± J •          | J (       | ,,,,                |               |             | ,140.       |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 FUTURES EXP   | LORED,  | INC           |                      |                    | 94-1567161           | Page  |
|--|---|---------------|----------------------|--------------------|----------------------|-------|
| Part VII Investments - Other Securities.   | •   |               |                      |                    |                      |       |
| Complete if the organization answered "Yes"  | on Form 990,                                      | Part IV, line | 11b. See Form 990,   | Part X, line 12.   |                      |       |
| (a) Description of security or category (including name of security)                     | <b>(b)</b> Boo                                    | k value       | (c) Method of v      | aluation: Cost o   | r end-of-year market | value |
| (1) Financial derivatives  |   |               |                      |                    |                      |       |
| (2) Closely-held equity interests  |   |               |                      |                    |                      |       |
| (3) Other  |   |               |                      |                    |                      |       |
| (A)  |   |               |                      |                    |                      |       |
| (B)  |   |               |                      |                    |                      |       |
| (C)  |   |               |                      |                    |                      |       |
| (D)  |   |               |                      |                    |                      |       |
| (E)  |   |               |                      |                    |                      |       |
| (F)  |   |               |                      |                    |                      |       |
| (G)  |   |               |                      |                    |                      |       |
| (H)  |   |               |                      |                    |                      |       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                         |   |               |                      |                    |                      |       |
| Part VIII Investments - Program Related.   |   |               |                      |                    |                      |       |
| Complete if the organization answered "Yes"  | on Form 990,                                      | Part IV, line |                      |                    |                      |       |
| (a) Description of investment  | <b>(b)</b> Boo                                    | k value       | (c) Method of v      | aluation: Cost o   | r end-of-year market | value |
| (1)  |   |               |                      |                    |                      |       |
| (2)  |   |               |                      |                    |                      |       |
| (3)  |   |               |                      |                    |                      |       |
| (4)  |   |               |                      |                    |                      |       |
| (5)  |   |               |                      |                    |                      |       |
| (6)  |   |               |                      |                    |                      |       |
| (7)  |   |               |                      |                    |                      |       |
| (8)  |   |               |                      |                    |                      |       |
| (9)  |   |               |                      |                    |                      |       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                         |   |               |                      |                    |                      |       |
| Part IX Other Assets.  |   |               |                      |                    |                      |       |
| Complete if the organization answered "Yes"  | on Form 990,                                      | Part IV, line | 11d. See Form 990,   | Part X, line 15.   |                      |       |
| (a)  | Description                                       |               |                      |                    | (b) Book v           | /alue |
| <u>(1)</u>   |   |               |                      |                    |                      |       |
| (2)  |   |               |                      |                    |                      |       |
| (3)  |   |               |                      |                    |                      |       |
| (4)  |   |               |                      |                    |                      |       |
| (5)  |   |               |                      |                    |                      |       |
| (6)  |   |               |                      |                    |                      |       |
| (7)  |   |               |                      |                    |                      |       |
| (8)  |   |               |                      |                    |                      |       |
| (9)  |   |               |                      |                    |                      |       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities. | <u>: 15.)                                    </u> | <u></u>       |                      |                    | . ▶                  |       |
| Complete if the organization answered "Yes"  | on Form 990,                                      | Part IV, line | 11e or 11f. See Forn | n 990, Part X, lin | ne 25.               |       |
| 1. (a) Description of liability  |   |               | (b) Book value       |                    |                      |       |
| (1) Federal income taxes   |   |               |                      |                    |                      |       |
| (2) DEFERRED RENT  |   |               | 182.063.             |                    |                      |       |

| 1.     | (a) Description of liability                                | (b) Book value |
|--------|---|----------------|
| (1)    | Federal income taxes  |                |
| (2)    | DEFERRED RENT   | 182,063.       |
| (3)    | LOC   | 199,718.       |
| (4)    | CASH OVERDRAFT  | 35,904.        |
| (5)    |   |                |
| (6)    |   |                |
| (7)    |   |                |
| (8)    |   |                |
| (9)    |   |                |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 417,685.       |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

|         | t XI Reconciliation of Revenue per Audited Financial St   | atomonto with nevent           |                      |                     |
|---------|---|--------------------------------|----------------------|---------------------|
|         | Complete if the organization answered "Yes" on Form 990, Part IV, I   | ine 12a.                       |                      |                     |
| 1       | Total revenue, gains, and other support per audited financial statements  |                                | 1                    | 11,758,501.         |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 1 1                            |                      |                     |
| а       | Net unrealized gains (losses) on investments  |                                |                      |                     |
| b       | Donated services and use of facilities  |                                |                      |                     |
| С       | Recoveries of prior year grants   |                                |                      |                     |
| d       | Other (Describe in Part XIII.)  | 2d                             |                      |                     |
| е       | Add lines 2a through 2d   |                                |                      | 0.                  |
| 3       | Subtract line 2e from line 1  |                                | 3                    | 11,758,501.         |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 1 1                            |                      |                     |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b  |                                |                      |                     |
| b       | Other (Describe in Part XIII.)  |                                |                      | 0                   |
| _C      |   |                                |                      | 0.<br>11,758,501.   |
| 5<br>Da | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1; rt XII Reconciliation of Expenses per Audited Financial S | tataments With Evnen           | 5                    |                     |
| ıa      |   |                                | ses per metur        | · · ·               |
| _       | Complete if the organization answered "Yes" on Form 990, Part IV, I   |                                | 1                    | 12,825,010.         |
| 1       | Total expenses and losses per audited financial statements  |                                |                      | 12,023,010.         |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 00                             |                      |                     |
| a       | Donated services and use of facilities  |                                |                      |                     |
| b       | Prior year adjustments  |                                |                      |                     |
| q       | Other losses Other (Describe in Part XIII.)   |                                |                      |                     |
| d<br>e  | ,   |                                | 2e                   | 0.                  |
| 3       | Add lines 2a through 2d Subtract line 2e from line 1  |                                |                      | 12,825,010.         |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                                |                      | 12/025/0101         |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                             |                      |                     |
| b       |   |                                |                      |                     |
|         | Add lines <b>4a</b> and <b>4b</b>   |                                | 4c                   | 0.                  |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line   |                                |                      | 12,825,010.         |
| Pa      | rt XIII Supplemental Information.   | •                              |                      |                     |
| Prov    | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  | 4; Part IV, lines 1b and 2b; F | Part V, line 4; Part | X, line 2; Part XI, |
| lines   | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide  | any additional information.    |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
| _       |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |
|         |   |                                |                      |                     |

#### **SCHEDULE L**

Department of the Treasury

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► 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.

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

OMB No. 1545-0047

2018

Open To Public Inspection

| momanic     | Svende del vide         |             |          |                               |          | 0 101 11 |                                    | atoot iiiioi iiiatioiii |            |                |                   |                  |       |         |
|-------------|-------------------------|-------------|----------|-------------------------------|----------|----------|------------------------------------|-------------------------|------------|----------------|-------------------|------------------|-------|---------|
| Name o      | f the organization      |             |          |                               |          |          |                                    |                         | -          | -              | identi            |                  | on nu | mber    |
|             |                         |             |          | XPLORED,                      |          |          |                                    |                         |            |                | 6716              | 51_              |       |         |
| Part        | Excess Bene             | fit Tran    | sacti    | ons (section 5                | 01(c)(3  | ), sect  | ion 501(c)(4), and 50 <sup>-</sup> | 1(c)(29) organizations  | only).     |                |                   |                  |       |         |
|             | Complete if the o       | organizatio | on ansv  | wered "Yes" on                | Form 9   | 90, Pa   | art IV, line 25a or 25b            | , or Form 990-EZ, Pa    | ırt V, lir | ne 40          | b.                |                  |       |         |
| 1 (-)       | Name of discussion      |             | (b) F    | Relationship bet              |          |          | lified                             | ND                      |            | _              |                   | (d)              | Corre | cted?   |
| (a)         | Name of disqualified p  | erson       |          | person and o                  | rganiza  | ation    | (0                                 | ) Description of trans  | saction    | 1              |                   | Y                | es    | No      |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
| <b>2</b> En | ter the amount of tax i | ncurred b   | y the o  | rganization mar               | agers    | or disc  | qualified persons duri             | ng the year under       |            |                |                   |                  |       |         |
| se          | ction 4958              |             |          |                               |          |          |                                    |                         |            | <b>\$</b>      |                   |                  |       |         |
| <b>3</b> En | ter the amount of tax,  | if any, on  | line 2,  | above, reimburs               | sed by   | the or   | ganization                         |                         |            | <b>&gt;</b> \$ |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
| Part        | II Loans to and         | l/or Fro    | m Int    | erested Per                   | sons.    |          |                                    |                         |            |                |                   |                  |       |         |
|             | Complete if the o       | organizatio | on ansv  | wered "Yes" on                | Form 9   | 990-EZ   | , Part V, line 38a or F            | orm 990, Part IV, line  | e 26; o    | r if th        | e orgar           | nizatio          | n     |         |
|             | reported an amou        | unt on Fo   | rm 990   | , Part X, line 5,             | 6, or 22 | 2.       |                                    |                         |            |                |                   |                  |       |         |
|             | (a) Name of             | (b) Relat   |          |                               |          | an to or | (e) Original                       | (f) Balance due         | (g)        |                | (h) App<br>by boa | oroved<br>ord or |       | Vritten |
| ir          | nterested person        | with orga   | nization | of loan                       |          | zation?  | principal amount                   |                         | defa       | ult?           | comm              |                  | agree | ement?  |
|             |                         |             |          |                               | То       | From     |                                    |                         | Yes        | No             | Yes               | No               | Yes   | No      |
|             |                         | MILL        |          | SUPPORT                       | X        |          | 50,000.                            | 50,000.                 |            | X              |                   | X                | Х     |         |
|             | ABETH JENSE             |             |          | SUPPORT                       | X        |          | 102,000.                           | 97,000.                 |            | X              |                   | X                | Х     |         |
| <u>LYNN</u> | SANFORD                 | MILL        | SAN      | SUPPORT                       | X        |          | 4,137.                             | 52,702.                 |            | X              |                   | X                | Х     |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               | 1        |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               | 1        |          |                                    |                         |            |                |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    | 100 -00                 |            |                |                   |                  |       |         |
| Total       | III I Overete en Ae     |             | - D      | Citi It                       |          |          | <b>&gt;</b> \$                     | 199,702.                |            |                |                   |                  |       |         |
| Part        |                         |             |          | _                             |          |          |                                    |                         |            |                |                   |                  |       |         |
|             | Complete if the o       | organizatio | on ansv  | wered "Yes" on                | Form 9   | 990, Pa  | art IV, line 27.                   |                         |            |                |                   |                  |       |         |
| (a          | a) Name of interested p | erson       |          | (b) Relationship              |          |          | (c) Amount of                      | (d) Type                |            |                | ٠,                | Purp             |       | f       |
|             |                         |             |          | interested per<br>the organiz |          | d        | assistance                         | assistand               | се         |                | á                 | essista          | ance  |         |
|             |                         |             | +        | and organiz                   |          |          |                                    |                         |            | +              |                   |                  |       |         |
|             |                         |             | +        |                               |          |          |                                    |                         |            | -              |                   |                  |       |         |
|             |                         |             | +        |                               |          |          |                                    |                         |            | _              |                   |                  |       |         |
|             |                         |             | +        |                               |          |          |                                    |                         |            | _              |                   |                  |       |         |
|             |                         |             |          |                               |          |          |                                    |                         |            | -              |                   |                  |       |         |
|             |                         |             | +        |                               |          |          |                                    |                         |            | -              |                   |                  |       |         |
|             |                         |             |          |                               |          |          | 1                                  |                         |            |                |                   |                  |       |         |

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

#### **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 Inspection

Name of the organization

FUTURES EXPLORED, INC

**Employer identification number** 94-1567161

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:                                    |
|---|
| DEVELOPMENTAL DISABILITIES. IT SUPPORTS THE ADULTS WITH DEVELOPMENTAL                             |
| DISABILITIES TO REACH THEIR OPTIMAL LEVEL OF INDIVIDUAL POTENTIAL BY                              |
| DELIVERING A BROAD RANGE OF RESOURCES AND ONGOING GUIDANCE.                                       |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESOURCES AND ONGOING GUIDANCE.  |
| ALDOUNDED THIS CLICATION COLUMNICAL   |
| FORM 990, PART VI, SECTION B, LINE 11B:   |
| THE FORM 990 IS REVIEWED BY THE MANAGEMENT AND AUDIT COMMITTEE.                                   |
|   |
| FORM 990, PART VI, SECTION B, LINE 12C:   |
| MEMBERS OF THE ORGANIZATION ARE REGULARLY REMINDED ABOUT THE CONFLICT OF                          |
| INTEREST POLICY AND TO COME FORWARD IF A CONFLICT ARISES.   |
| FORM 990, PART VI, SECTION B, LINE 15:  |
| WE PARTICIPATED IN AND USED THE NON-PROFIT MANAGEMENT'S ANNUAL SALARY SCALE                       |
| RESEARCH.   |
| EODW 000 DADW UT GEGWION G. LINE 10.  |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS MADE THEM AVAILABLE ON THEIR WEBSITE. |
| THE ORGANIZATION HAS MADE THEM AVAILABLE ON THEIR WEBSITE.  |
| FORM 990, PART XII, LINE 2C:  |
| THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.  |
|   |

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Enter filer's identifying number   | must u     | se Form 7004 to request an extension of time to file income   | e tax retur                      | ns.  |                              |                |                 |  |  |
|--|------------|---|----------------------------------|--|------------------------------|----------------|-----------------|--|--|
| FUTURES EXPLORED, INC    Social security number (SSN)  |            |   | Enter filer's identifying number |  |                              |                |                 |  |  |
| FUTURES EXPLORED, INC    Number, street, and room or suite not. If a P.O. box, see instructions.   Social security number (SSN)  | Туре о     | r Name of exempt organization or other filer, see instruc   | ctions.                          |  | Employer                     | identification | number (EIN) or |  |  |
| Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)   238  | print      |   |                                  |  |                              |                |                 |  |  |
| Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)  | Eile by th |   |                                  |  | 94-1567161                   |                |                 |  |  |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CONCORD, CA 94520  Enter the Return Code for the return that this application is for (file a separate application for each return)  Application  Return Application  Return Code  For Code  Form 990 or Form 990-EZ  Form 1041-A  Deform 990 or Form 990-EZ  Form 1041-A  Deform 990-Form 990-EZ  Deform 1041-A  Deform 990-Form 990-EZ  Deform 990-Form 990-EZ  Deform 990-Form 990-EZ  Deform 990-Form 990-Fo | due date   | for Number, street, and room or suite no. If a P.O. box, so   |                                  | tions.   | Social security number (SSN) |                |                 |  |  |
| Enter the Return Code for the return that this application is for (file a separate application   |            | ee  |                                  | ress see instructions                                      |                              |                |                 |  |  |
| Enter the Return Code for the return that this application is for (file a separate application for each return)  Application  Beturn  Application  Beturn  Application  Beturn  Application  Beturn  Application  Beturn  Application  Application  Beturn  Application  Beturn  Application  Application  Beturn  Application  Application  Beturn  Beturn  Application  Beturn  Beturn  Beturn  Book  Beturn   |            |   | neigh add                        | reas, see manuellons.                                      |                              |                |                 |  |  |
| Application   Return   Application   SFor   Code   Is For   C  | Enter t    | •   | e a separa                       | te application for each return)                            |                              |                | 0 1             |  |  |
| Sefor   Code   Sefor   Code   Sefor   Code   Sefor   Code   Sefor   Code   Sefor   S   |            |   |                                  |  |                              |                |                 |  |  |
| Form 990 or Form 990-EZ  |            |   |                                  | • •  |                              |                | Code            |  |  |
| Form 4720 (individual)  O3 Form 4720 (other than individual)  O9 Form 990-PF  O4 Form 5227  10 Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  THE ORGANIZATION  THE ORGANIZATION  The books are in the care of > 2380 SALVIO STREET, SUITE 302 - CONCORD, CA 94520  Telephone No. > 925-332-7183  Fax No. >   | Form 9     | 90 or Form 990-EZ   | 01                               | Form 990-T (corporation)                                   |                              |                | 07              |  |  |
| Form 990-PF  | Form 9     | 90-BL   | 02                               | Form 1041-A  |                              |                | 08              |  |  |
| Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  THE ORGANIZATION  12  THE ORGANIZATION  15  The books are in the care of ▶ 2380 SALVIO STREET, SUITE 302 - CONCORD, CA 94520  Telephone No. ▶ 925-332-7183  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  If it is for part of the group, check this box  ANAY 15, 2020  The exempt organization return for the organization and above. The extension is for the organization's return for:  □ Calendar year or  □ Calendar year or  □ Change in accounting period  The tax year entered in line 1 is for less than 12 months, check reason:  □ Initial return  □ Change in accounting period  The star year entered in line 1 is for less than 12 months, check reason:  □ Initial return  □ Change in accounting period  The star year entered in line 1 is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  The star year entered in line 1 is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Calendar year of Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Calendar year of the whole group of the who  | Form 4     | 720 (individual)  | 03                               | Form 4720 (other than individual)                          | er than individual)          |                |                 |  |  |
| Form 990-T (trust other than above)  THE ORGANIZATION  The books are in the care of ▶ 2380 SALVIO STREET, SUITE 302 - CONCORD, CA 94520  Telephone No. ▶ 925-332-7183 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box  If this is for part of the group, check this box  If request an automatic 6-month extension of time until MAY 15, 2020 the organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or □ or □ If the tax year beginning JUL 1, 2018 or and ending JUN 30, 2019  If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return  □ Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by  | Form 9     | 90-PF   | 04                               | Form 5227  | ·                            |                |                 |  |  |
| THE ORGANIZATION  The books are in the care of  2380 SALVIO STREET, SUITE 302 - CONCORD, CA 94520  Telephone No. 925-332-7183 Fax No.  | Form 9     | 90-T (sec. 401(a) or 408(a) trust)  | 05                               | Form 6069  | 11                           |                |                 |  |  |
| The books are in the care of ▶ 2380 SALVIO STREET, SUITE 302 - CONCORD, CA 94520  Telephone No. ▶ 925-332-7183 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   | Form 9     | 90-T (trust other than above)   | 06                               | Form 8870  | 12                           |                |                 |  |  |
| the organization named above. The extension is for the organization's return for:    Calendar year or     X tax year beginning JUL 1, 2018   , and ending JUN 30, 2019   | Tele If th | phone No.   925-332-7183  e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (       | in the Un<br>Group Exe           | Fax No.  ited States, check this box mption Number (GEN) I | f this is fo                 | the whole gr   | oup, check this |  |  |
| any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by   | t<br>D     | he organization named above. The extension is for the organization named above. The extension is for the organization calendar year or X tax year beginning | anization's                      | return for:  |                              |                | on return for   |  |  |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by   |            |   | or 6069, e                       | enter the tentative tax, less                              |                              | •              |                 |  |  |
| estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.  C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by   | _          | •   | onto:: =:::                      | , refundable avadite are                                   | 3a                           | <b>5</b>       | <u>U•</u>       |  |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by   |            | •   | ) AL                             | ¢  | n                            |                |                 |  |  |
|  | -          |   | 30                               | Ψ  | <u></u>                      |                |                 |  |  |
| using EFTPS (Electronic Federal Tax Payment System). See instructions.   |            |   |                                  | , , ,  | 3c                           | \$             | 0.              |  |  |
| Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment   |            |   |                                  |  |                              | T              |                 |  |  |

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)