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** 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)

OMB No. 1545-0047

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

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

Open to Public Inspection

_	1 01 111	s 2010 calendar year, or tax year beginning Ot	CI I, ZUIO and	enaing S	EP 30, 2013	7			
В	Check if applicab	C Name of organization			D Employer identif	fication number			
	Addre		ND, INC.						
L	Name				95-3	3747267			
	Initial return Final return	Number and street (or P.O. box if mail is not delift 1101 15TH STREET NW	vered to street address)	Room/suite	E Telephone numb	er -783-4800			
	termir ated	City or town, state or province, country, and 2	7IP or foreign postal code		G Gross receipts \$	2,451,302.			
	Amen		en or roroign postar code		H(a) Is this a group				
	Application	F Name and address of principal officer:JOAI	NNE CARTER		for subordinate				
	pendi	SAME AS C ABOVE				included? Yes No			
ī	Tax-ex	empt status: X 501(c)(3) 501(c) ()		or 527		a list. (see instructions)			
		te: WWW.RESULTS.ORG		<u> </u>	H(c) Group exempti				
K	Form o	organization: X Corporation Trust Ass	sociation Other	L Year		M State of legal domicile: CA			
P	art I	Summary		1		IN Clare of regar dofficion. C22			
0	1	Briefly describe the organization's mission or most	significant activities: GENE	RATING	THE WILL T	TO END			
Activities & Governance		HUNGER AND THE WORST ASPE			a second of the first second of				
ř.	2	Check this box if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net a	assets.			
OVe	3	Number of voting members of the governing body (з	The state of the s			
8	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)	222222222222	4				
es	5	Total number of individuals employed in calendar y	ear 2018 (Part V, line 2a)		5	59			
iviti	6	Total number of volunteers (estimate if necessary)			6	14			
Act	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a				
_	b	Net unrelated business taxable income from Form 9	990-T, line 38		7b	0.			
ne			Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	************************************		2,553,934				
en	9	Program service revenue (Part VIII, line 2g)	ogram service revenue (Part VIII, line 2g)						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		4,507				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		223				
	12	Total revenue - add lines 8 through 11 (must equal			2,776,702				
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		3,347,024				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
Ses	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		4,778,663				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line	ne 11e)		0.	0.			
Xp	b	Total fundraising expenses (Part IX, column (D), line	25) • 402,7	14.	ALL STREET	- 《美华姓行			
-	177	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		3,186,735				
		Total expenses. Add lines 13-17 (must equal Part IX			11,312,422				
- 9	19	Revenue less expenses. Subtract line 18 from line	12		-8,535,720				
Net Assets or	00	T. I. (D. 1911 10)		Be	ginning of Current Year				
SSE	20	Total assets (Part X, line 16)			15,477,202				
Vet/	21	Total liabilities (Part X, line 26)			3,083,038.				
P	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		12,394,164	4,892,628.			
		Ities of perjury, I declare that I have examined this return, i	including accompanying cohedule	o and atatom	anto and to the best of r	nu knoudodno ond holist it is			
		et, and complete. Declaration of preparer (other than officer				ny knowledge and belief, it is			
-	, 00110	AL DESCRIPTION (Other than officer	1) is based on all illiorniation of w	ilicii preparei		2020			
Sig	ın	Signature of officer			Date	0205			
He		MARK BUTLER, CFO/COO							
110		Type or print name and title							
			Preparer's signature	- 10	Date Check	II PTIN			
Pai	d	DAVID JONES	oparor o orginataro	127	if	D01361003			
	parer	Firm's name JONES, MARESCA &	self-emplo	52-1853933					
	Only	Firm's address 10500 LITTLE PATE		SUITE	770	J2 2033733			
		COLUMBIA, MD 2104			S	LO-884-0220			
Ma	v the II	RS discuss this return with the preparer shown about			1. Hono no. 2 2	X Vos No			

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GENERATING THE WILL TO END HUNGER AND THE WORST ASPECTS OF POVERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,386,688. including grants of \$ 3,178,335.) (Revenue \$ 79,204.) ACTION GLOBAL HEALTH PARTNERSHIP - ACTION IS A PARTNERSHIP OF LOCALLY ROOTED ORGANIZATIONS AROUND THE WORLD THAT ADVOCATES FOR LIFE-SAVING CARE FOR MILLIONS OF PEOPLE WHO ARE THREATENED BY PREVENTABLE DISEASES. SUPPORTED BY A WASHINGTON, DC-BASED SECRETARIAT, ACTION PARTNERS WORK TOGETHER TO INCREASE INVESTMENTS AND BUILD POLITICAL SUPPORT FOR GLOBAL HEALTH.
4b	(Code:)(Expenses \$ 1,339,528. including grants of \$ 141,956.) (Revenue \$ 189,793.) EDUCATION AND ADVOCACY TO END POVERTY - RESULTS EDUCATIONAL FUND, INC., PERFORMS CUTTING-EDGE RESEARCH AND OVERSIGHT; EDUCATES AND MOBILIZES GRASSROOTS ADVOCATES, POLICY MAKERS, AND THE MEDIA; AND TRAINS VOLUNTEERS IN PUBLIC SPEAKING, COMMUNITY ORGANIZING, GENERATING MEDIA, AND EDUCATING THEIR ELECTED OFFICIALS ON ISSUES OF POVERTY.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 8 , 726 , 216 . Form 990 (2018)

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	X	
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			ا ۔۔
	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			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		21
10	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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	4.415	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	21	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) RESULTS EDUCATIONAL Part IV Checklist of Required Schedules (continued)

. u.	enconnector required contained			
20	Did the examination report more than \$5,000 of grants or other equiptores to or for demostic individuals on		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		х
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7,7
	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	054		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- 21
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, 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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M	30		- 21
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		v
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c		

832004 12-31-18

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 59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·		37	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: SPAIN	(FDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		F-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		0		
a	5111		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	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			
	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.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		- 1.0		
•	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Farm	000	(2010)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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				
Ū	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		⊢—		X
6	Did the organization become aware during the year of a significant diversion of the organization's assignment of the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		├ •	1	
<i>1</i> a			70		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s		7a		- 25
D			7.		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7b		-
8				Х	
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	<u>^</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				v
0	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 Re	evenue Code.)		1	
				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 ch	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the forn	n? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	• • • • • • • • • • • • • • • • • • • •				
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 "You	es," describe			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization				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 arranger	nent with a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		,		
17	List the states with which a copy of this Form 990 is required to be filed AK, AZ, AR, CA, C	O,CT,DC,FL,	GA,H	,IL	,KS
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an				
	for public inspection. Indicate how you made these available. Check all that apply.	,,			
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		, and fina	ncial	
	statements available to the public during the tax year.		,a iii a		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
	THE ORGANIZATION - 202-783-4800				
	1101 15TH STREET NW, WASHINGTON, DC 20005				
	SEE SCHEDIILE O FOR FILL LIST OF STATES		For	ກ ໑໑∩	(2010)

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SAM DALEY-HARRIS PRESIDENT/FOUNDER	3.00	x		х				99,207.	0.	15,830.
(2) KUL GAUTAM	3.00							33,207.	•	13,0301
CHAIRMAN	1.00	x		х				0.	0.	0.
(3) JAN TWOMBLY	3.00	 								
TREASURER	1.00	X		х				0.	0.	0.
(4) QIANA TORREGANO	3.00							-		
SECRETARY	1.00	Х		Х				12,120.	0.	0.
(5) SCOTT LECKMAN, M.D, F.A.C.S	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(6) ERNEST LEOVINSOHN	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) MARIAN WRIGHT EDELMAN	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) VALERIE HARPER	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) ROGER HUDSON	3.00							_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
(10) PROF. MUHAMMAD YUNUS	3.00								_	_
DIRECTOR	1.00	Х						0.	0.	0.
(11) PANKAJ AGARWAL	3.00	ļ								•
DIRECTOR	1.00	Х						0.	0.	0.
(12) MAXINE THOMAS	3.00	١,,						14 600	0	0
DIRECTOR	1.00	Х						14,620.	0.	0.
(13) STEVEN MCGEE	3.00	Į ,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(14) WILLIAM DICKERSON	3.00	Х						0.	0.	0.
DIRECTOR		^						0.	0.	<u> </u>
(15) S. ASHISH BALI DIRECTOR	1.00	·						0.	0.	0.
(16) JOANNE CARTER	34.00	^						0.	0.	•
EXECUTIVE DIRECTOR	6.00	1		х				164,334.	0.	27,342.
(17) MARK BUTLER	40.00	\vdash						101,331.	0.	21,344
CFO/COO	13.00	1		х				138,836.	0.	30,708.
020007 10 21 10	1	_			<u> </u>			200,0000		Eorm 990 (2018)

832007 12-31-18

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	•	Es	stimate	∍d
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation compensa		ion am		mount	of
	week	offi	cer ar	nd a d	directo	or/trus	tee)	from	from related	b		other	
	(list any	ector						the	organization		com	npensa	ıtion
	hours for	or dir	ao			ated		organization	(W-2/1099-MI	SC)		rom th	
	related organizations	stee	truste		۵	bens		(W-2/1099-MISC)			_	ganizat	
	below	lal tru	onal		oloye	ee ee						id relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
(18) JOHN P. FAWCETT, DIRECTOR OF	40.00	=	-	0	3	工品	Œ					-	
GLOBAL POLICY & ADVOCACY						Х		135,217.		0.	1	3,5	57.
(19) VICTORIA S. TRELAND	40.00							,					
DIRECTOR OF PROGRAM DEV.		1				Х		133,318.		0.	2	0,1	90.
(20) HANNAH L. BOWEN	40.00												
DIRECTOR, ACTION						Х		130,404.		0.	1	1,7	36.
(21) MEREDITH L. DODSON	40.00										_		
DIR. OF U.S. POVERTY CAMPAIGNS	1.0.00					Х		108,478.		0.	1	1,4	65.
(22) JOHN ODENWELDER	40.00	1				,,		106 055			_	2 7	20
DIR. OF ORGANIZATIONAL EFFECTIVENES	5	_				Х		106,255.		0.		3,7	38.
		1											
		<u> </u>				-							
		1											
1b Sub-total								1,042,789.		0.	15	4,5	66.
c Total from continuation sheets to Part	VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,042,789.		0.	15	4,5	66.
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	0,000 of reportab	ole			
compensation from the organization													11
										ı		Yes	No
3 Did the organization list any former office											_		Х
line 1a? If "Yes," complete Schedule J for								har compandition from			3		
4 For any individual listed on line 1a, is the and related organizations greater than \$1											4	Х	
5 Did any person listed on line 1a receive o											4		
rendered to the organization? If "Yes," co	•				•		Ciat	ica organization or marv	idual for 3ct viocs	'	5		х
Section B. Independent Contractors			-		,								
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
the organization. Report compensation for													
(A)								(B)				C)	
Name and busines								Description of s	services	С	ompe	ensatio	n
NORIKO SHIRASU, 1-41-6-6	OUI HLKA	KT.	-CI	UL			ļ	ADVOCACY IN	.ΤΔ Ο Δ Ν		22	5 5	75

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Pa	rt V	Ш	Statement of Rever						
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1:	a F	ederated campaigns	1a					012 014
ra Z			Nembership dues	— — — — — — — — — — — — — — — — — — —					
Ğ.F.			Fundraising events		48,729.				
ar A				1d	-, -				
s,G ⊞			Government grants (contribut						
ioi			All other contributions, gifts, gran	, 					
but			imilar amounts not included abo	ve 1 _{1f} 2,	112,895.				
10 d			loncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	ı	h T	Total. Add lines 1a-1f		>	2,161,624.			
					Business Code				
Se	2 8		EDUCATIONAL EVE	INTS	900099	179,651.	179,651.		
ervi Je	ı		CONTRACTS		900099	79,204.			
n Si	٠		MERCHANDISE & E	BOOK SAL	900099	7,332.			
Program Service Revenue	٠	d <u>F</u>	HONORARIA		900099	2,810.	2,810.		
or' L		e _							
ш			All other program service reve			260 007			
			Total. Add lines 2a-2f			268,997.			
	3		nvestment income (including			2,255.			2,255.
	other similar amounts)				2,233.			2,255.	
	4 Income from investment of tax-exempt bond proc 5 Royalties			131.			131.		
	9		royaities	(i) Real	(ii) Personal	131.			131.
	۱ ۾	a (Gross rents	(i) Neai	(II) Fersorial				
			ess: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		>				
			Gross amount from sales of	(i) Securities	(ii) Other				
		а	ssets other than inventory	5,351.	, ,				
	ı	b L	ess: cost or other basis						
		а	and sales expenses	0.					
	(c G	Gain or (loss)	5,351.					
			let gain or (loss)		>	5,351.			5,351.
Other Revenue	8 8		Gross income from fundraisinncluding \$ 48,7						
ě			contributions reported on line	1c). See					
F		F	Part IV, line 18	а	12,944.				
Ě	ı	b L	ess: direct expenses	b	12,944.				
O	، ا	c N	Net income or (loss) from fund	draising events	>	0.			
	9 8		Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam						
	10 a		Gross sales of inventory, less						
	١.		and allowances						
			Less: cost of goods sold						
	— '	۱۱ ت	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 8	<u> </u>	Miscellarieous neverio		_aoii1033				
		 b							
		- C							
	(d A	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions		•	2,438,358.	268,997.	0.	7,737.

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 220 201	3,320,291.		
	individuals. See Part IV, lines 15 and 16	3,320,291.	3,340,491.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	402 501	202 215	F7 200	22 026
	trustees, and key employees	483,521.	393,215.	57,380.	32,926
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.056.010	0 264 055	200 205	010 140
7	Other salaries and wages	2,956,812.	2,364,277.	380,395.	212,140
8	Pension plan accruals and contributions (include	E 040	4 000		4
	section 401(k) and 403(b) employer contributions)	5,940.	4,875.	591.	474
9	Other employee benefits	411,633.	338,567.	43,046.	30,020
10	Payroll taxes	267,611.	214,781.	33,522.	19,308
11	Fees for services (non-employees):				
а	Management				
b	Legal	24,920.	19,106.	5,814.	
С	Accounting	26,031.	22,423.	3,608.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	958,459.	885,841.	71,611.	1,007
12	Advertising and promotion				
13	Office expenses	116,399.	30,983.	69,776.	15,640
14	Information technology	15,720.	8,539.	7,181.	
15	Royalties		•	·	
16	Occupancy	280,930.	227,197.	33,201.	20,532
 17	Travel	549,976.	519,668.	20,746.	9,562
 18	Payments of travel or entertainment expenses		, , , , , ,	,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	386,880.	280,377.	67,066.	39,437
	· .	30070001	20075774	0770001	33,137
20	Interest Payments to affiliates				
21 22	Payments to affiliates	64,794.	51,783.	8,331.	4,680
22	Depreciation, depletion, and amortization	20,188.	17,614.	2,574.	4,000
23	Insurance Other expenses. Itemize expenses not covered	20,100.	1,,014.	4,5/4	
24	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	LICENSES AND FEES	31,085.		14,097.	16,988
b	DUES AND SUBSCRIPTIONS	25,803.	25,345.	458.	, - , -
C	PUBLIC AWARENESS	1,454.	1,334.	120.	
d	TRAINING AND DEVELOPMEN	288.	_, -,	288.	
	All other expenses				
_	Total functional expenses. Add lines 1 through 24e	9,948,735.	8,726,216.	819,805.	402,714
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	2,210,1000	3,,23,210	010,000	102,111
-0	reported in column (B) joint costs from a combined				
	, , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			712,607.	1	1,278,618.
	2	Savings and temporary cash investments			463,315.	2	5,738,843.
	3	Pledges and grants receivable, net			13,640,000.	3	475,000.
	4	Accounts receivable, net	41,139.	4	49,102.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
Ω		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use		To the second se		8	
	9	Prepaid expenses and deferred charges			100,122.	9	84,150.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	563,320.			
	b	Less: accumulated depreciation		345,533.	255,185.	10c	217,787.
	11	Investments - publicly traded securities		-		11	
	12	Investments - other securities. See Part IV, line				12	69,589.
	13	Investments - program-related. See Part IV, line		To the second se		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	264,834.	15	111,963.		
	16	Total assets. Add lines 1 through 15 (must equ		15,477,202.	16	8,025,052.	
	17	Accounts payable and accrued expenses	381,108.	17	359,457.		
	18	Grants payable			2,350,372.	18	2,477,569.
	19	Deferred revenue			6,330.	19	305.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officer				
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			345,228.	25	295,093.
	26	Total liabilities. Add lines 17 through 25			3,083,038.	26	3,132,424.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets			-111,055.	27	-72,812.
Fund Balances	28	Temporarily restricted net assets			12,505,219.	28	4,965,440.
βE	29	Permanently restricted net assets		<u></u>		29	
표		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶☐☐			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			12,394,164.	33	4,892,628.
	34	Total liabilities and net assets/fund balances			15,477,202.	34	8,025,052.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2		94		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,51		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	2,39		
5	Net unrealized gains (losses) on investments	5			8,8	41.
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	4	1,89	2,6	28.
Pa	rt 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	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
					ΩΩΩ.	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 RESULTS EDUCATIONAL FUND, INC. 95-3747267 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28691946.	2505573.	2517656.	28285369.	2037884.	64038428.
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	28691946.	2505573.	2517656.	28285369.	2037884.	64038428.
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)						34082966.
6	Public support. Subtract line 5 from line 4.						29955462.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	28691946.	2505573.	2517656.	28285369.	2037884.	64038428.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,825.	10,759.	6,719.	7,691.	2,386.	33,380.
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.)	7,371.	1,596.				8,967.
11	Total support. Add lines 7 through 10						64080775.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12 2	,638,120.
13	First five years. If the Form 990 is fo					n 501(c)(3)	
	organization, check this box and stop						> □
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	46.75 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	49.32 %
16a	33 1/3% support test - 2018. If the	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	nere. Explain in Par	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ¹	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-cir	cumstances" test.	The organization o	ualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∐_

Schedule 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.)

qualify under the tests list Section A. Public Support	ted below, please com	iplete Part II.)				
Calendar year (or fiscal year beginning in	1) (a) 2014	(b) 2015	(6) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(a) 2014	(N) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received. (Do r	not					
include any "unusual grants.")	lot					
2 Gross receipts from admissions,						
merchandise sold or services pe	r-					
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpor	20					
3 Gross receipts from activities that						
are not an unrelated trade or bus						
iness under section 513	5-					
4 Tax revenues levied for the organ						
ization's benefit and either paid t						
or expended on its behalf	.0					
5 The value of services or facilities						
furnished by a governmental unit						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a		 				
3 received from disqualified pers						
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						
Section B. Total Support	0.)					
Calendar year (or fiscal year beginning in	n) (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	,	(2) 23 13	(6) 2515	(4) 2017	(0) 2010	(i) iotai
10a Gross income from interest,						
dividends, payments received or	۱					
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from busines	sses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin						
activities not included in line 10b),					
whether or not the business is regularly carried on						
12 Other income. Do not include ga						
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and						
14 First five years. If the Form 990		's first, second, thir	d. fourth. or fifth t	ax vear as a section	on 501(c)(3) organi	zation.
check this box and stop here	· ·			•	. , . ,	>
Section C. Computation of F						
15 Public support percentage for 20			column (f))		15	%
16 Public support percentage from					16	%
Section D. Computation of I						
17 Investment income percentage f	or 2018 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage f					_	%
19a 33 1/3% support tests - 2018.						
more than 33 1/3%, check this b						
b 33 1/3% support tests - 2017.						
line 18 is not more than 33 1/3%						
20 Private foundation. If the organi						

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		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

14 Has the organization accepted a gift or contribution from any of the following persons? a A person with directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? 7 A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 10 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organizations of directions or trustees at all times during the tax year? If Mo, describe in Part VI how the supported organizations is directively operated, supervised, or controlled the organization is articles. If the organization had more than one supported organizations, supported organizations, the provision and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the directors, the provision and the articles of the organization objects for the benefit of any supported organizations provide organization operated for the benefit of any supported organizations (II was year.) 2 Did the organization operate for the benefit of any supported organizations (II was year.) 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations was vested in the same persons that controlled or management of the supported organizations. 1 Were a majority of the organization was vested in the same persons that controlled or management of the supported organizations or the same persons that do in childration, and (II) copies of the organization provided to each of its suppor	Pa	rt IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A Amily member of a person described in (d) above? c A 35% controlled entity of a person described in (d) above? c A 35% controlled entity of a person described in (d) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, hustoes, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No" describe he have the vice and the asymptotic organization or an extension of the organization or directors or trustees at all times during the tax year? If "No" describe he have the organization defective organization, describe how the powers to appoint and/or remove directors or trustees are all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organization, electively operated, supervised, or controlled the organization's activities. If the organization direct the the supported organization, describe how the powers to appoint and/or remove directors or trustees are use allocates were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization's if the supported organization's if the supported organization's if the supported organization's if the supported organization's in the supported organization's if the supported organization's in trustees of each 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 activities and the supported organization's provided organization's powering documents in effect on the supported organization's provided organization's powering documents in effect on the date on indication, to the extent nother organization and expen		,		Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) by (b) above? lib Section B. Type I Supporting Organizations 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 of directors or trustees at all times during the tax year? If "No," "describe in Part VI how the supported organizations for directors or trustees at all times during the tax year? If "No," "describe in Part VI how the supported organization of expensions and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit or any supported organization of the than the supported organization and what conditions or restrictions or trustees were allocated among the supported organization of part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supportion organization(s) that operated, supervised, or controlled the supportion organization of the than the supported organization supported organization(s) that operated, supervised, or controlled the supportion organization organization (s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or ortholed organization is during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the fifth month of the organization provide to each of this supported	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (ii) above? a A 39% controlled entity of a person described in (ii) a (ii) a (iii)	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A SPM controlled entity of a person descolled in (a) or (b) above? If "Ves" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 sidectors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization) affectively operated, supervised, or controlled the organizations and what conditions or restrictions, if any, applied to that one supported organization, describe how the powers to appoint anifor remove directors or trustees were allocated among the supported organization of part and in the supported organization and with the organization of the thing that are all to the organization of person to the organization of the purposes of the supported organization (pl that operated, supervised, or controlled the supporting organization (pl that operated, supervised, or controlled the supporting organization (pl that operated, supervised, or controlled the supporting organization or trustees of result of the supported organization or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations of the supported organizations is apported organization or supported organizations is a vear, (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 executify lind as of the date of notification, and (ii) copies of the organization is possible to the interest organization or the organization or the organization or the organization is offices, directors, or trustees either (ii) appointed organization is). 1 Did the organization is offices, directors, or trustees either (ii) appointed organization		below, the governing body of a supported organization?	11a		
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 powers to perfect any properties organization's directors or trustees are all times during the tax year? If "No," describe in Part VI how the powers to appoint and/or remove directors or trustees were allocated among the 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. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization. 3 Part VI how providing such benefit carried out for purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 4 Were a majority of the organization's supported organization(s) If "No," describe in Part VI how control or management of the supporting organization and the supported organization and the organization and the supported organization and the organization	b	A family member of a person described in (a) above?	11b		
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1 Did the directors, tutsless, 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 elicoted among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the than the supported organization of the organization or supported organization or supported organization or supported organization organization and the supported organization organization and the supported organization organization and the organizati	Sec	tion B. Type I Supporting Organizations			
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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 organization operate for the benefit of any supported organization of the two the powers to support of programation of the two the powers of the supported organization of the two providing such benefit carried out the purposes of the supported organization if it 'es', 'explain in Part VI how providing such benefit carried out the purposes of the supported organization is that operated, supervised, or controlled the supporting organization if it 'es', 'explain in Part VI how providing such benefit carried out the purposes of the supported organization's that operated, supervised, or controlled the supporting organizations. Section C. Type II Supporting Organizations 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 supported organization's supported organization's supported organization's the supported organization's supported organization's as vested in the same persons that controlled or managed the supported organization's provided or managed the supported organization's provided or managed the supported organization's provided organization's accompanization's accompanization's provided organization's provided organization's provided organization's provided organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization and so the date of notification, to the extent not previously provided? 3 By reason of the relationship described in (2), did the organization's with the supported organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's accompanization's investment policies and in directing the use of		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
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	L		od		
	D		3h		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
		Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2018 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
_		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
_		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2014			
		ss from 2015 ss from 2016			
		ss from 2016			
		ss from 2018			
_	_ ∧∪ C S	55 HOHE & 10			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER MISCELLANEOUS REVENUE
2014 AMOUNT: \$ 1,525.
GAIN ON FOREIGN CURRENCY EXCHANGE
2014 AMOUNT: \$ 5,846.
2015 AMOUNT: \$ 1,596.
SCHEDULE A, PART II
THE INFORMATION CONTAINED IN THE 2017 COLUMN OF SCHEDULE A, PART II
INCLUDES INFORMATION FOR BOTH THE SHORT YEAR 1/1/17-9/30/17 AND FOR THE
FULL YEAR ENDED 9/30/18, BOTH OF WHICH WERE REPORTED ON 2017 FORMS.

Schedule B

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

Department of the Treasury Internal Revenue Service **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

RESULTS EDUCATIONAL FUND, INC. 95-3747267

Organization ty	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990	-EZ X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not 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				
	ganization is covered by the General Rule or a Special Rule . etion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
section any one	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under s 509(a)(1) and 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 e contributor, 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; orm 990-EZ, line 1. Complete Parts I and II.				
year, to	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ion of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II.				
year, co is checi purposo	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the particular organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the particular organization secular organization and organization organization and organization described from any one contributor, during the particular organization organization described from any one contributor, during the particular organization organization organization described from any one contributor, during the particular organization orga				
but it must answ	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ver "No" on 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 esn't meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).				

LHA 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

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$180,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - _ \$	

Employer identification number

Name of organization

UCATIONAL FUND, IN rely religious, charitable, etc., contribu y one contributor. Complete columns (a g Part III, enter the total of exclusively religious, plicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, a	tions to organizations described in s) through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	95-3747267 section 501(c)(7), (8), or (10) that total more than \$1,000 for try. For organizations less for the year. (Enter this info. once.) (d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	
	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee
	Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift

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

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part Y		• •

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures,	or Other	Similar Ass	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a sign	ificant use of i	ts collection items
	(check all that apply):							
а	Public exhibition	d	ı 🔲 1	Loan or exc	hange progra	ams		
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	asures, or oth	er similar as	ssets	
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not inc	cluded	
	on Form 990, Part X?						L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	?L	Yes No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Par			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years bac	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:			
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for the	organization	
	by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization	=) 			3b
4	Describe in Part XIII the intended uses of the		owment 1	funds.				
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		umulated ciation	(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements				26,261.		8,475.	127,786.
d	Equipment			23	37,059.	14	7,058.	90,001.
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)			217,787.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 RESULTS EDUC	CATIONAL FUN	D, INC.	95-3747267 F
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuat	ion: Cost or end-of-year market valu
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		e 11c. See Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part	X, line 15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		· •
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Form 990), Part X, line 25.
(a) Description of liability	, , , ,	(b) Book value	· · ·
(1) Federal income taxes			
(2) DEFERRED RENT		295,093.	
(3)		,	
(4)			
(5)			
(5)	I		

(1) Federal income taxes		
(2) DEFERRED RENT	295,093.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	295,093.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Pai	rt XI Reconciliation of Revenue per Audited Fina		e per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial sta	atements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 1	12:		
а	5			
b	Donated services and use of facilities	2b		
С				
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line	1 1		
а	, , ,			
b	/	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, F			
Pa	Reconciliation of Expenses per Audited Fir	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 99		1 . 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a				
b	· · · · · · · · · · · · · · · · · · ·			
С.				
d	,	<u>-</u>		
_	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line	15		
4	Investment suppress and included on Forms 000. Doct VIII. line 7			
а	, , ,	b 4a		
a b	Other (Describe in Part XIII.)	b 4a 4b	40	
a b c	Other (Describe in Part XIII.) Add lines 4a and 4b	b 4a 4b		
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990,	b 4a 4b		
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, ort XIII Supplemental Information.	b 4a 4b Part I, line 18.)	5	t XI.
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, ort XIII Supplemental Information.	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	b 4a 4b Part I, line 18.)	5	t XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

KESU	LTS EDUCATIONAL FUND, INC.	95-3/4/20/
Part I	General Information on Activities Outside the United States. Complete if the organ	nization answered "Yes" on
	Form 990, Part IV, line 14b.	
	or grantmakers. Does the organization maintain records to substantiate the amount of its grants and other e grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or ass	· (+++)

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (T	(b) Number of	(c) Number of	an be duplicated if additional space is an an an an area of the feet of the fe	(e) If activity listed in (d)	(f) Total
(a) Hegion	offices	`employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA				ADVOCACY AND EDUCATION	
FASO,	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	691,538.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,				ADVOCACY AND EDUCATION	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	1,526,578.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,				ADVOCACY AND EDUCATION	
CAMBODIA,	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	459,480.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED				ADVOCACY AND EDUCATION	
STATES	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	603,440.
				ADVOCACY AND EDUCATION	
SOUTH ASIA	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	19,255.
3 a Subtotal	0	0			3,300,291.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			3,300,291.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	TB ACTION					
		PACIFIC -	PROJECT-ADVOCACY AND					
		AUSTRALIA,	EDUCATION ON TB &					
		BRUNEI, BURMA,	HIV/AIDS	446,807.	INT'L WIRE	0.		
		EUROPE (INCLUDING	TB ACTION					
		ICELAND &	PROJECT-ADVOCACY AND					
		GREENLAND) -	EDUCATION ON TB &					
		ALBANIA, ANDORRA,	HIV/AIDS	828,848.	INT'L WIRE	0.		
		EUROPE (INCLUDING		·				
		ICELAND &	PROJECT-ADVOCACY AND					
		GREENLAND) -	EDUCATION ON TB &					
			HIV/AIDS	738,587.	INT'L WIRE	0.		
		NORTH AMERICA -	TB ACTION					
		CANADA AND	PROJECT-ADVOCACY AND					
		MEXICO, BUT NOT	EDUCATION ON TB &					
		THE UNITED STATES	HIV/AIDS	610,376.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	152,321.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	259,564.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	85,072.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	125,765.	INT'L WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ________

3 Enter total number of other organizations or entities

15

Part II Continuation o			ations or Entities Outside the					(2) 14 11 1 6
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		SOUTH AMERICA	HIV/AIDS	20,000.	INT'L WIRE	0.		
			TB ACTION	,				
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	19,228.	INT'L WIRE	0.		
			TB ACTION	,				
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	11,622.	INT'L WIRE	0.		
			TB ACTION	,				
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	20,000.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	18,728.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		SOUTH ASIA	HIV/AIDS	19,569.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		EAST ASIA AND THE	EDUCATION ON TB &					
		PACIFIC	HIV/AIDS	18,171.	INT'L WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

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

Schedule F (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

name of the organization RESULTS	EDUCATIONAL FUND,	IN	c.			95-3747	267
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" oı	n Form 990, Part IV,	line 17	7. Form 990-EZ	I filers are not
1 Indicate whether the organization rais a	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitated and solicitated are solicitated and solicitated are solicitated and solicitated are solicitated as solicitated and solicitated and solicitated are solicitated as solicitate	ion of ion of fundra (includerofess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions		(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
⁻ otal		ı	•				
List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration
-							

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-				
		or landraising over the contributions and gr	(a) Event #1	(b) Event HOUSTON		(c) Other events	(d) Total events (add col. (a) through
			AUSTIN EVENT (event type)	EVEN'I'	rne)	(total number)	col. (c))
nue			(event type)	(event ty	pe)	(total number)	<u> </u>
Revenue	1	Gross receipts	6,050.	39	,144.	16,479.	61,673.
	2	Less: Contributions	6,036.	28	,158.	14,535.	48,729.
	3	Gross income (line 1 minus line 2)	14.	10	,986.	1,944.	12,944.
	4	Cash prizes					
S	5	Noncash prizes					_
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment		1.0	,986.	1,944.	12,944.
	9 10	Other direct expenses					12,944.
	11	· · · · · · · · · · · · · · · · · · ·					0.
Pa							
		\$15,000 on Form 990-EZ, line 6a.		·			-
Revenue			(a) Bingo	(b) Pull tabs/ bingo/progress		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
		·	Yes %	Yes	%	Yes %	
	6	Volunteer labor	∟ No	└─ No		└── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			>	
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)				
	-	Net garning income summary. Subtract line	Trom line 1, column (u)				<u> </u>
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities: _				
		the organization licensed to conduct gaming a	activities in each of these	states?			Yes No
b	If "	No," explain:					
	_						
		ere any of the organization's gaming licenses r Yes," explain:	•		-	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 RESULTS EDUCATIONAL FUND, INC. 95-3	374726	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمدا	07
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
,	e If "Yes," enter name and address of the third party:		
•	The root of the trial party.		
	Name ►		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
			-
	Division of the control of the contr		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G	G (Form 990 or 990-EZ)	RESULTS	EDUCATIONAL	FUND,	INC.	95-3747267 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)			
	• • •	`	,			
-						
-						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► 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

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

RESULTS EDUCATIONAL FUND, INC. Employer identification number 95-3747267

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(D)	reported as deferred on prior Form 990
(1) JOANNE CARTER	(i)	164,334.	0.	0.	6,644.	20,698.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) MARK BUTLER	(i)	138,836.	0.	0.	5,640.	25,068.		0.
CFO/COO	(ii)	0.	0.	0.	0.	0.		0.
(3) VICTORIA S. TRELAND	(i)	133,318.	0.	0.	5,357.	14,833.	153,508.	0.
DIRECTOR OF PROGRAM DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.									

SCHEDULE O

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE EXECUTIVE COMMITTEE OF RESULTS, INC. THE EXECUTIVE COMMITTEE SHALL HAVE THE SAME POWERS AS THE FULL BOARD AS PROVIDED IN ARTICLE V, EXCEPT FOR AMENDING THE ARTICLES OF INCORPORATION OR BYLAWS, SELECTING AND REMOVING ALL OTHER OFFICERS, AGENTS AND THE EXECUTIVE DIRECTOR OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

MEMBERS OF BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS SIGNED BY THE DIRECTOR OF FINANCE AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES AND SUBMITS ANNUALLY A CONFLICT OF INTEREST FORM TO DISCLOSE ANY INTERESTS THAT MAY GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S BOARD EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR BY REVIEWING ORGANIZATIONAL PERFORMANCE AND COMPARABLE PUBLIC DATA FOR ORGANIZATIONS OF SIMILAR SIZE AND PURPOSE. THEIR DECISION IS DOCUMENTED CONTEMPORANEOUSLY. THE EXEXCTIVE DIRECTOR'S COMPENSATION IS BEING REVIEWED ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MN, MO, NH, NJ, NM, NY, NC, OH, OK, OR

PA, RI, SC, UT, VA, WA, WV, WI, AL, MA, MI

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

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

RESULTS EDUCATIONAL FUND, INC.	95-3747267
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS 1023, 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 1023, 990, GOVERNING DOCUMENTS	, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REASONABLE REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	ESS OR PROCESS
OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX	YEAR.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization RESULTS EDUCATIONAL FUND, INC. Employer identification number 95-3747267

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	me End-of-yea	r assets Direct o	(f) ontrolling ntity)
	_						
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	e or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
RESULTS, INC 52-1411039 1101 15TH STREET NW WASHINGTON, DC 20005	GRASSROOTS LOBBY TO END HUNGER AND POVERTY	DISTRICT OF COLUMBIA	501(C)(4)		RESULTS EDUCATIONAL FUND	x	
MIDITIOION, BC 20003	- IONGEN IND TOVENTI	PIBLICIT OF COLUMNIA	501(0)(1)		DOCINIONIE TOND	21	
	-						
	-						

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

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

	·	<u> </u>	1	1		1				_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Pe	ercentage wnership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	er?	wnership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
										 		
	1											
	1											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	ti) etion b)(13) rolled iity?
		country)		or tracty		400010		Yes	No
									<u> </u>
-									
									<u> </u>
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

95-3747267

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transaction	ons with one or more r	related organizations listed	in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enti	ty			. 1a		X			
b Gift, grant, or capital contribution to related organization(s)						X			
c Gift, grant, or capital contribution from related organization(s)				. 1c		X			
d Loans or loan guarantees to or for related organization(s)						X			
e Loans or loan guarantees by related organization(s)						X			
f Dividends from related organization(s)				. 1f		Х			
g Sale of assets to related organization(s)				. 1g		Х			
h Purchase of assets from related organization(s)				. 1h		Х			
i Exchange of assets with related organization(s)				1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		X			
 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 									
						Х			
					X	<u> </u>			
Sharing of paid employees with related organization(s)									
					37				
p Reimbursement paid to related organization(s) for expenses				. 1p	X	<u> </u>			
q Reimbursement paid by related organization(s) for expenses				. 1q	Λ				
						х			
r Other transfer of cash or property to related organization(s)				. 1r		X			
s Other transfer of cash or property from related organization(s)				. 1s		Δ_			
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	tnis line, including covered	relationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	าvolved					
(1) RESULTS, INC.	Q	90.067.	BOOK VALUE						
(1) ,		20,0070							
(2)									
				•					
(3)									
(4)									
(5)									
(6)									
32163 10-02-18	46		Schedule	∍R (Forr	n 990)	2018			

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners sec	Share of	Share of	Dispro tiona	por- te	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentaging	
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocati	ons?	of Schedule K-1	partne	ownersh	
		country)	Sections 5 (2-5 (4)	Yes No	liicome	assets	Yes	No	(F01111 1065)	Yes I	10	
							+	_				
										1 1		

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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 Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 95-3747267 RESULTS EDUCATIONAL FUND, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1101 15TH STREET NW instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ► 1101 15TH STREET NW - WASHINGTON, DC 20005 Telephone No. ► 202-783-4800 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 the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. AUGUST 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning OCT 1, 2018 , and ending SEP 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За

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 instructions.

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

using EFTPS (Electronic Federal Tax Payment System). 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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

3b

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR 2018

California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Cal	endar Year	2018 or fiscal y	ear beginning (mm/dd/yyyy)	10/01/2	018	, and ending	(mm/dd/yy	уу)	09	/30/2019 .
_		panization name		100				lifornia corpo	ration n	umber
	na::: =:	. ED.:-	mTONAT 50000 700	ro.				10616) F 4	
_			TIONAL FUND, IN	С.				10618	354	
Ac	dditional infori	mation. See instruc	ctions.					95-3	747	267
St	reet address (suite or room)						PMB no.	/ = /	207
		5TH STR	EET NW							
Ci		0111 0111					State	ZIP code		
W	ASHIN	GTON					DC	2000!	5	
Fo	oreign country	name		Foreign province/state	county/			Foreign po	stal co	de
A	First Retu			Yes X No						
В	Amended	Return	•[Yes X No	engage	d in political ac	tivities? See	instruction	IS	Yes X No
C			rust	Yes X No		rganization exe enter the gros				701g? ● Yes X No
D		rmation Return?	Surrendered (Withdrawn) M			enter the gros nization is a pub				
		(mm/dd/yyyy)	Surrendered (Withdrawn) M	erged/Heorganized	A STATE OF THE STA	23701d and n	사용하다 보다하면 시간 때문에			
E			d: (1) Cash (2) X Accrua	(3) Other		filing fee is re			Strange Head	The state of the s
F			990T(2) ● 990PF (3)		M Is the o	rganization a L	imited Liabil	ity Compar	ıy?	● Yes X No
		Other 990 series		70 Y	N Did the	organization fi	le Form 100	or Form 10	9 to	
G	Is this a g	roup filing? See	e instructions	Yes X No						• Yes X No
Н		Mark Brown and Mark San San San San San	roup exemption	Yes X No		rganization un				
	If "Yes," w	hat is the parer	nt's name?		IRS au	dited in a prior	year?			Yes X No
r	Didde	and the bar	and the second second second second			ral Form 1023/				Yes X No
I			e any changes to its guidelines See instructions	Vec X No	Date III	ed with IRS _		-		
Ŧ	Part I C	omplete Part I	unless not required to file this fo	rm. See General Inf	ormation B	and C.				
_			les or receipts from other sources					•	1	289,678 00
			ies and assessments from membe					•	2	00
	Receipts	3 Gross co	ontributions, gifts, grants, and sim s receipts for filing requirement test. Ad nust be completed. If the result is less th	ilar amounts received	j		STM	r 1 •	3	2,161,624 00
	and							1100000	4	2,451,302 00
	Revenues	5 Cost of g	goods sold other basis, and sales expenses of			6		00	9.14	
								00	7	Loo
			sts. Add line 5 and line 6 oss income. Subtract line 7 from li						8	2,451,302 00
_			penses and disbursements. From						9	9,896,885 00
	Expenses		of receipts over expenses and disb						10	-7,445,583 00
		11 Total pay						_	11	00
		12 Use tax.	See General Information K					•	12	00
			ts balance. If line 11 is more than						13	00
	Filing Fee		balance. If line 12 is more than line						14	10
		record was allowed	e \$10 or \$25. See General Informa	(2012년 - 1일 전 1일					15	10 00
			s and Interest. See General Inform		no 11 from	the recult			16	10 00
-		Under penalties	e due. Add line 12, line 15, and line of perjury, I declare that I have examined, and complete. Declaration of preparer	this return, including ac	companying	schedules and st	atements, and	to the best of	my Kr	lowledge and bellef,
	ign	it is true, correct	, and complete. Declaration of preparer	other than taxpayer) is b	Title	iornation of write	Date		ige,	I ● Telephone
Н	ere	Signature of officer	/ Mark 12		CFO/	000	1000000	AUG 20	050	202-783-4800
			1			Date	Chec	ck if		PTIN
		Preparer's signature					self-	employed	•	P01361002
P	aid	Firm's name								Firm's FEIN
	reparer's	(or yours, if self-	JONES, MARESCA	* MCQUADE	, P.A	· OUTER	770			52-1853933 • Telephone
U	se Only	and addresses	10500 LITTLE PA'		KKWAY	, SULTE	. //0			410-884-0220
_			discuss this return with the prepar		e instructio	ns		• X	Yes	
_		I Way LIEFID	niscuss tilis return with the brebar	or shown above: Ser	o man uodo		*************	[2]	LI Tes	140

RESULTS EDUCATIONAL FUND, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	busines	s activities. See instr	ructions				•	1		12,944 00
		2	Interest							•	2		2,255 00
		3	Dividends							•	3		00
Recei	pts		_							•	4		00
from		5	Gross royalties							•	5	<u> </u>	131 00
Other		6	Gross amount received from sal	le of ass	sets (See Instruction	s)		S	TA	TEMENT 2 •	6	<u> </u>	5,351 00
Sourc	es	7	Other income					SEE S	'I'A	TEMENT 3 •	7		268,997 00
		8	Total gross sales or receipts fro								8		289,678 ₀₀
		9	Contributions, gifts, grants, and	similar	amounts paid			د	TA	TEMENT 4 •	9		$3,320,291_{00}$
		10	Disbursements to or for member	ers	d trustasa			CPP C	тъ	 ФЕМЕХФ 5 •	10 11		483,521 00
		11 12	Compensation of officers, direct	iors, am	u trustees			د عدد	. +		12		2,956,812 00
Expen			Other salaries and wages								13		2,550,012 00
and	1363		Interest Taxes								14		267,611 00
Disbu	rse-		Rents								15		280,930 00
ments		16	Depreciation and depletion (See	instruc	tions)					•	16		00
		17	Other Expenses and Disburseme	ents				SEE S	ΤА	TEMENT 6 •	17		2,587,720 00
		18	Total expenses and disburseme	nts. Ad	d line 9 through line	17. Enter	r here	and on Side	1. Pa	art I, line 9	18		9,896,885 00
Sch	edul				Beginning				.,		of tax		
Asset	s				(a)			(b)		(c)			(d)
1 C	ash						1,	,175,9				•	7,017,461
			s receivable					41,1	39			•	49,102
			ceivable									•	
												•	
			state government obligations									•	
			in other bonds									•	
			in stock									•	
	lortga											•	69,589
9 0	tner ir	1Vestr	ments STMT 7		580,37	0				563,3	20	•	09,309
IU a	Dehi	accu	le assets mulated depreciation	1	325,19	<u> </u>		255,1	85				217,787
11 L				\	323,13	7		233,1	0.0	(343,33	-1	•	217,707
	ther a		STMT 8				14	,004,9	56			•	671,113
13 T	otal a	ssets	·					, 477, 2					8,025,052
			et worth					,					.,,
			yable					381,1	08			•	359,457
			s, gifts, or grants payable				2	,350,3	72			•	2,477,569
			otes payable									•	
			ayable									•	
18 0	ther li	abiliti						351,5	58				295,398
19 C	apital	stock	or principal fund									•	
			tal surplus. Attach reconciliation									•	
21 R	etaine	d ear	nings or income fund					,394,1				•	4,892,628
			ties and net worth				15	,477,2	02				8,025,052
Sch	edul	ie M					no 10	ooluma (d)	io loc	o than EEO OOO			
			Do not complete this sche							<u> </u>		_	
			per books		• -7,445	, 505	1			on books this year			
			me tax	-	•		-	not included				•	
			pital losses over capital gainsrecorded on books this year		•		-			s return not charged		•	
			corded on books this year not		-			Total. Add lii		ome this year		<u> </u>	
	-		this return	ł	•		1	Net income					
			ne 1 through line 5		-7,445	<u>,5</u> 83		Subtract line			<u></u>		-7,445,583

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
DAVID BODNICK	305 W 28TH STEET, APARTMENT 5C NEW YORK, NY 10001	09/30/19	75,000.	
NICHOLAS CRAIG	4 QUARRY LANE HARVARD, MA 01451	09/30/19	10,000.	
GORDON IRLAM	4250 W. LAKE SAMMAMISH PKWY. NE, APT. J2059 REDMOND, WA 98052	09/30/19	154,752.	
KEATING FAMILY FOUNDATION	1111 HERMANN DR., UNIT 5B HOUSTON, TX 77004	09/30/19	10,000.	
ELLEN KEMPLER	145 COMMERCIAL ST. #202 BATH, ME 04530	09/30/19	25,000.	
MICHOL O'CONNOR	1310 MILFORD STREET HOUSTON, TX 77006	09/30/19	10,000.	
STEVE REES	13209 PT RICHMOND BEACH RD NW GIG HARBOR, WA 98332	09/30/19	6,000.	
SYLVIA SABEL & JOEL RUBINSTEIN	2023 28TH AVE. SAN FRANCISCO, CA 94116	09/30/19	60,000.	
PANKAJ AGARWAL	630 VERMONT ST. SAN FRANCISCO, CA 94107	09/30/19	24,000.	
DIXIE CAMP	P.O. BOX 163 DRIPPING SPRINGS, TX 78620	09/30/19	5,000.	
ED AND LUCINDA WINSLOW	98 BARNCROFT RD STAMFORD, CT 06902	09/30/19	5,000.	
WELLSPRING ADVISORS, LLC	P.O. BOX 3075 SOUTHEASTERN, PA 19398	09/30/19	475,000.	
OPEN SOCIETY INSTITUTE	400 WEST 59TH STREET NEW YORK, NY 10019	09/30/19	180,000.	
BECTON, DICKINSON AND COMPANY	1 BECTON DR FRANKLIN LAKES, NJ 07417	09/30/19	5,000.	
JOANNE CARTER	3715 WOODLEY RD NW APT 6 WASHINGTON, DC 20016	09/30/19	8,000.	

RESULTS EDUCATIONAL FUN	D, INC.		95-3747267
KATHLEEN CLOSE	2124 REDBIRD DR LAS VEGAS, NV 89134	09/30/19	10,000.
ALAN NEWBURG	9255 ILLAHEE RD NE BREMERTON, WA 98311	09/30/19	10,000.
STOP TB PARTNERSHIP	CHEMIN DU POMMIER 40 GENEVA, LE GRAND-SACONNEX, SWITZERLAND 1218	09/30/19	5,000.
KEN SCHATZ	21632 STATE ROAD 54 LUTZ, FL 33549	09/30/19	16,400.
AJAY BANGA	40 EAST 78TH STREET NEW YORK, NY 10075	09/30/19	5,000.
FRIENDS OF THE GLOBAL FIGHT	1634 I ST NW STE 1100 WASHINGTON, DC 20006	09/30/19	10,000.
GAVI	2099 PENNSYLVANIA AVE NW STE 200 WASHINGTON, DC 20006	09/30/19	5,000.
GLOBAL PARTNERSHIP FOR EDUCATION	1818 H STREET NW WASHINGTON, DC 20433	09/30/19	5,000.
HARIT TALWAR	100 BARCLAY STREET, APT 19A NEW YORK, NY 10007	09/30/19	5,000.
GORDANA VUJEC	160 ARBELLA CT CARY, NC 27518	09/30/19	5,000.
TOTAL INCLUDED ON LINE 3			1,129,152.

CA 199	GROSS AM	OUNT FF	ROM SAL	E OF A	SSETS	S	TATEMENT	2
DESCRIPTION SALE OF INVESTMENTS			DA ACQU		DAT SOL	D ACQ	THOD UIRED ———— CHASED	
		COST OTHER	OR BASIS	DEPF	REC.	EXPENSE OF SALE	GROSS SALES PR	
			0.		0.	0.	5,3	51.
TOTAL TO FORM 199, PAGE	2, LN 6		0.		0.	0.	5,3	51.
CA 199		OTHER	RINCOM	E		S	TATEMENT	3
DESCRIPTION							AMOUNT	
LOSS ON CURRENCY CONVERSEDUCATIONAL EVENTS CONTRACTS MERCHANDISE & BOOK SALES HONORARIA							179,6 79,2 7,3 2,8	04. 32.
TOTAL TO FORM 199, PART	II, LINE	: 7					268,9	97.

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		STATEMENT 4		
ACTIVITY CLASSIFICA	ATION: TB ACTION PROJECT				
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT		
RESULTS UK 2ND FLOOR, 31-33 BONDWAY, VAUXHALL - LONDON, UNITED KINGDOM SW8 1SJ		NONE	807,298.		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT		
HEALTH PROMOTION TANZANIA	MIKOCHENI A, SENGA ROAD, BLOCK 12, HOUSE NO. MKC/MCA/1162 - MIKOCHEN,	NONE	152,321.		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT		
GHA FRANCE	14 BOULEVARD DE DOUAUMONT - PARIS, FRANCE 75017	NONE	719,280.		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT		
RESULTS CANADA	9 LAURIER, PO BOX 1485 - GATINEAU, CANADA QC J8X 3Y3	NONE	603,440.		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT		
CHAKA ROAD OFF ARGWINGS CONSORTIUM KODHEK RD PO BOX 69866-0040 NAIROBI, KENYA		NONE	259,564.		
DONEES NAME	DONEES NAME DONEES ADDRESS		AMOUNT		
CITAM+ 1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005		NONE	84,189.		

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
WORLD AIDS CAMPAIGN INTERNATIONAL	D AIDS CAMPAIGN 1101 15TH STREET NW - RNATIONAL WASHINGTON, DC 20005		125,765.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RESULTS AUSTRALIA	901/100 WALKER STREET - , NORTH SYDNEY, AUSTRALIA	NONE	441,310.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
BRAZILIAN CAMPAIGN FOR THE RIGHT TO EDUC	AV PEDROSO DE MORAIS 631 CJ 41 - , PINHEIROS SAO PAULO, BRAZIL	NONE	20,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ECONOMIC AND SOCIAL RIGHTS CENTRE	YAYA COURT SUITE 8 CHANIA AVENUE - , NAIROBI, KENYA	NONE	19,349.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDUCATION COALITION OF ZIMBABWE	95 PARK LANE KENYA PLAZA SECOND FLOOR NORTH WING - , HARARE, ZIMBABWE	NONE	11,622.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
	PLOT 60 VALLEY DRIVE MINISTERS VILLAGE NITNDA PO BOX 73646 - , KAMPALA, UGAN	NONE	20,000.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GLOBAL CAMPAIGN FOR EDUCATION	CHAIR OF GCE BOARD PO BOX 521733 - , SAXONWOLD, SOUTH AFRICA	NONE	18,728.

DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT	
SOCIETY FOR ACCESS TO QUALITY EDUCATION	AL-INAYAT MALL G	DFFICE 27 2ND FLOOR, NONE AL-INAYAT MALL G-11 - , MARKAZ ISALAMBAD, PAKISTAN			
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT	
NEW INDONESIA	3 BAUHINA 48 ARU TABLEVIEW 7441 - CAPE, SOUTH AFRI	, WESTERN	NONE	18,170.	
	TOTAL FOR THIS A	CTIVITY		3,320,291.	
TOTAL INCLUDED ON FOR	M 199, PART II, I	JINE 9		3,320,291.	
CA 199 COMPENSA	TION OF OFFICERS,	DIRECTORS AN	D TRUSTEES	STATEMENT 5	
NAME AND ADDRESS		TITLE AVERAGE HRS		COMPENSATION	
SAM DALEY-HARRIS 1101 15TH STREET NW WASHINGTON, DC 20005		PRESIDENT/FO		98,037.	
KUL GAUTAM 1101 15TH STREET NW WASHINGTON, DC 20005		CHAIRMAN 3.00		0.	
JAN TWOMBLY 1101 15TH STREET NW WASHINGTON, DC 20005		TREASURER		0.	
QIANA TORREGANO 1101 15TH STREET NW WASHINGTON, DC 20005		SECRETARY 3.00		12,120.	
SCOTT LECKMAN, M.D, F 1101 15TH STREET NW WASHINGTON, DC 20005		DIRECTOR 3.00		0.	

RESULTS EDUCATIONAL FUND, INC.		95-3747267
ERNEST LEOVINSOHN 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
MARIAN WRIGHT EDELMAN 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
VALERIE HARPER 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
ROGER HUDSON 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
PROF. MUHAMMAD YUNUS 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
PANKAJ AGARWAL 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
MAXINE THOMAS 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	14,620.
STEVEN MCGEE 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
WILLIAM DICKERSON 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
S. ASHISH BALI 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
JOANNE CARTER 1101 15TH STREET NW WASHINGTON, DC 20005	EXECUTIVE DIRECTOR 34.00	194,315.
MARK BUTLER 1101 15TH STREET NW WASHINGTON, DC 20005	CFO/COO 40.00	164,429.
TOTAL TO FORM 199, PART II, LINE 11		483,521.

CA 199	OTHER E	XPENSES				STATI	EMENT	6
DESCRIPTION						Al	IOUNT	
LICENSES AND FEES							31,0	
DUES AND SUBSCRIPTIONS							25,8	
PUBLIC AWARENESS TRAINING AND DEVELOPMEN							1,4	54. 88.
DIRECT EXPENSES OF FUNDRAISING EV	ENTS						12,9	
PENSION PLAN CONTRIBUTIONS							5,9	
OTHER EMPLOYEE BENEFITS							411,6	
LEGAL FEES							24,9	
ACCOUNTING FEES OTHER PROFESSIONAL FEES							26,0 958,4	
OFFICE EXPENSES							116,3	
INFORMATION TECHNOLOGY							15,7	
TRAVEL							549,9	
CONFERENCES AND CONVENTIONS							386,8	
INSURANCE							20,1	88.
TOTAL TO FORM 199, PART II, LINE	17					2 ,	,587,7	20.
CA 199 O	THER IN	VESTMENTS				STATI	EMENT	7
DESCRIPTION			BEG.	OF	YEAR	END	OF YE	AR
VANGUARD 500 INDEX FUNDS		_			0.		69,5	89.
TOTAL TO FORM 199, SCHEDULE L, LI	NE 9	=			0.		69,5	89.
CA 199	OTHER A	A C C E M C				C M A M I	EMENT	8
	OTHER A					STATI		
DESCRIPTION			BEG.	OF	YEAR	END	OF YE	AR
PLEDGES AND GRANTS RECEIVABLE		_	1 2	640	,000.		475,0	00
PREPAID EXPENSES AND DEFERRED CHA	RGES		10		,122.		84,1	
DEPOSITS				21	,896.		21,8	96.
DUE FROM RESULTS, INC., A RELATED	ORGANI	ZATION		242	,938.		90,0	67.
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12	_	14	,004	,956.		671,1	13.
		=						

CA 199 OTHER LI	ABILITIES STATEMENT 9
DESCRIPTION	BEG. OF YEAR END OF YEAR
DEFERRED REVENUE	345,228. 295,093. 6,330. 305.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	351,558. 295,398.
CA 199 FUND B.	BALANCES STATEMENT 10
DESCRIPTION	BEG. OF YEAR END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS	-111,05572,812. 12,505,219. 4,965,440.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	12,394,164. 4,892,628.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the

5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

839035 12-12-18

_ DETACH HERE _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _ **CAUTION:** You may be required to pay electronically, see instructions. CALIFORNIA FORM

TAXABLE YEAR Payment Voucher for Corporations and Exempt **Organizations e-filed Returns** 2018

3586 (e-file)

000000 95-3747267 1061854 18 FORM 3 RESU

10-01-2018 TYB TYE 09-30-2019

RESULTS EDUCATIONAL FUND INC

1101 15TH STREET NW

20005 WASHINGTON DC

(202) 783-4800

Amount of Payment

10.

6181186

Sign Here

Date Accepted		

TAXABLE YEAR

California e-file Return Authorization for **Exempt Organizations**

Exer	npt Org	Organization name			Identifying nu	umber
RE	SU:	JLTS EDUCATIONAL FUND, INC.			95-37	47267
Pai	rt I	Electronic Return Information (whole dollars only)				
1	Tot	otal gross receipts (Form 199, line 4)			1	2,451,302
2		otal gross income (Form 199, line 8)				2,451,302
3		otal expenses and disbursements (Form 199, line 9)				9,896,885
Pai	rt II	Settle Your Account Electronically for Taxable Year 2018				
4		Electronic funds withdrawal 4a Amount	4b Withdrawa	al date (mm/dd/	уууу)	
Pai	rt III	Banking Information (Have you verified the exempt organization's ba	nking information?)			
5	Rout	uting number				
6	Acco	count number	7 Type of account:	Checking	g 🔲 s:	avings
Pai	rt IV	Declaration of Officer				
	ıthoriz line 4a	ize the exempt organization's account to be settled as designated in Part II. If I checata.	ck Part II, Box 4, I authori	ize an electronic fu	ınds withdrav	wal for the amount listed
tran Cali a ba org stat	nsmitte ifornia alance anizati tement	enalties of perjury, I declare that I am an officer of the above exempt organization a tter, or intermediate service provider and the amounts in Part I above agree with the ia electronic return. To the best of my knowledge and belief, the exempt organization are due return, I understand that if the Franchise Tax Board (FTB) does not receive function will remain liable for the fee liability and all applicable interest and penalties. I and so transmitted to the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO, transmitter, or intermediate service provides the FTB by the ERO.	e amounts on the corresp on's return is true, correct ull and timely payment of authorize the exempt orga ider. If the processing of	oonding lines of th t, and complete. If the exempt organ anization return an the exempt organ	e exempt org the exempt of ization's fee and accompan	ganization's 2018 organization is filing liability, the exempt ying schedules and

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature		Date	also paid preparer	if self- employe	d	P00867078	
Must	Firm's name (or yours if self-employed)	JONES, MARESCA & MCQUAD	E, PA			FEIN 5	2-1853933	
Sign	and address	1401 MERCANTILE LANE, S	TE 440					
		LARGO, MD				ZIP code	20774	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.								

Paid	Paid preparer's		Date	Check if self-	Paid preparer's PTIN	
Preparer	signature			employed	D01361002	
Must	Firm's name (or yours if self-employed)	JONES, MARESCA & MCQUADE	•		FEIN 52-1853933	
Sign	and address	10500 LITTLE PATUXENT PA	RKWAY,	SUITE 770		
	COLUMBIA, MD			ZIP code 21044		
					•	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS; www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

RESULTS EDUCATIONAL FUND, INC. Name of Organization		ange of address ended report		
List all DBAs and names the organization uses or has used				
1101 15TH STREET NW Address (Number and Street)	State Cha	arity Registration Number CT 047456		
WASHINGTON, DC 20005 City or Town, State, and ZIP Code	Corporation	on or Organization No. C1061854		
202-783-4800 MBUTLER@RESULTS.ORG E-mail Address	Federal E	mployer ID No. 95-3747267		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departe	Code Rega	s. sections 301-307, 311, and 312)		
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	e
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	50 25
PART A - ACTIVITIES				
For your most recent full accounting period (beginning 10/01/20	18 end	ing09/30/2019) list:		
Gross Annual Revenue\$ 2,438,358 Noncash Contributions\$ Program Expenses \$ 8,726,216	Total Expe	0 Total Assets \$ 8,02 enses \$ 9,948,735	5,0	52
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD (
Note: All questions must be answered. If you answer "yes" to any of the ques	stions belov	w, you must attach a separate page		
providing an explanation and details for each "yes" response. Please re			Yes	No
 During this reporting period, were there any contracts, loans, leases or other f and any officer, director or trustee thereof, either directly or with an entity in w any financial interest? 	financial trar which any su	nsactions between the organization ich officer, director or trustee had		х
During this reporting period, was there any theft, embezzlement, diversion or ror funds?	misuse of th	e organization's charitable property		х
3. During this reporting period, were any organization funds used to pay any per	nalty, fine or	judgment?		Х
4. During this reporting period, were the services of a commercial fundraiser, fun commercial coventurer used?	ndraising co	unsel for charitable purposes, or		х
5. During this reporting period, did the organization receive any governmental ful	nding?			х
6. During this reporting period, did the organization hold a raffle for charitable pu	irposes?			х
7. Does the organization conduct a vehicle donation program?				Х
8. Did the organization conduct an independent audit and prepare audited finan- generally accepted accounting principles for this reporting period?	cial stateme	ents in accordance with		Х
At the end of this reporting period, did the organization hold restricted net ass	sets, while re	eporting negative unrestricted net assets?		х
I declare under penalty of perjury that I have examined this report, including and belief, the content is true, correct and complete, and I am authorized to si	ccompanyii	ng documents, and to the best of my kno	wledg	1
Mark Butler	C	FO/COO [5 AVE	202	20
Signature of Authorized Agent Printed Name	Tit	Date Date		

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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 Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 95-3747267 RESULTS EDUCATIONAL FUND, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1101 15TH STREET NW instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ► 1101 15TH STREET NW - WASHINGTON, DC 20005 Telephone No. ► 202-783-4800 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 the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. AUGUST 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning OCT 1, 2018 , and ending SEP 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

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

Form **8868** (Rev. 1-2019)

instructions.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning O	CT 1, 2018 and	ending S	EP 30,	, 2019		
B c	heck if pplicable:	C Name of organization			D Employ	yer identifica	tion number	
	Address	RESULTS EDUCATIONAL FU	ND, INC.					
	Name change	Doing business as				95-37	47267	
	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Teleph	one number	02 4000	
	Final return/ termin-	1101 15TH STREET NW					83-4800	0.2
	ated Amende	City or town, state or province, country, and	ZIP or foreign postal code		G Gross red		2,451,3	04.
-	return Applica- tion	WASHINGION, DC 20003	MMF CARTER			s a group retu ubordinates?		No
	⊥tion pending	SAME AS C ABOVE	WINE CARTER				ided? Yes	No
	av.ever			or 527			st. (see instruction	
11	Nehsite	WWW.RESULTS.ORG	4 (mooremon) 10 11 (w)(1)	0, 02.	10.000	p exemption	Andrew Street, and the street,	,
			sociation Other	L Year			State of legal domici	le: CA
	art I	Summary						
0	1 E	Briefly describe the organization's mission or most	significant activities: GENE	RATING	THE V	WILL TO	END	
Activities & Governance	I I	HUNGER AND THE WORST ASPE	CTS OF POVERTY.					
ern		Check this box 🕨 🔲 if the organization discor				2.53.11	ets.	1 5
300		lumber of voting members of the governing body						15 14
ő		lumber of independent voting members of the go						59
ties	1	otal number of individuals employed in calendar y						14
tivi	A 1500 A	otal number of volunteers (estimate if necessary)				Charles and the second of the		0.
Ac	2011	otal unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form						0.
_	D 1	Net differated pusitiess taxable income from Point	990-1, line 00		Prior Y		Current Yea	
4	8 (Contributions and grants (Part VIII, line 1h)				3,934.	2,161,6	
Revenue	1	Program service revenue (Part VIII, line 2g)				8,038.	268,9	97.
eve	1	nvestment income (Part VIII, column (A), lines 3, 4				4,507.		506.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				223.		L31.
	Children of	Total revenue - add lines 8 through 11 (must equal				6,702.	2,438,3	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,34	7,024.	3,320,2	
		Benefits paid to or for members (Part IX, column (A			4 66	0.	4 105 1	0.
es	15 3	Salaries, other compensation, employee benefits ()	4,77	8,663.	4,125,5	
Expenses	16a l	Professional fundraising fees (Part IX, column (A),	line 11e)	71.4		0.	SA STANCES OF THE	0.
Z,	b	Total fundraising expenses (Part IX, column (D), lin	e 25) • 402,	/14.	2 10	6,735.	2,502,9	227
Land .	17 3	Other expenses (Part IX, column (A), lines 11a-11d				2,422.	9,948,	
		Fotal expenses. Add lines 13-17 (must equal Part Revenue less expenses. Subtract line 18 from line				5,720.	-7,510,3	
7(00	19	Revenue less expenses. Subtract line 16 from line	12	В	eginning of (End of Year	
ets c	20	Total assets (Part X, line 16)				7,202.	8,025,0	
ASS	21					3,038.	3,132,	424.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from			12,39	4,164.	4,892,	628.
P	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return					knowledge and beli	ef, it is
tru	e, correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of	which prepare	er has any kn			
		Moths				(3 AU6	7020	
Sig	gn	Signature of office			L	Jale		
He	re	MARK BUTLER, CFO/COO Type or print name and title						
			Dranararia aignatura		Date	Check	II PTIN	
Pa	hi	Print/Type preparer's name DAVID JONES	Preparer's signature			if self-employed	D013610	02
	eparer	Firm's name JONES, MARESCA &	MCOUADE, P.A.		TF	Firm's EIN	52-18539	
	e Only	Firm's address 10500 LITTLE PAT	UXENT PARKWAY,	SUITE	770			
		COLUMBIA, MD 210	144	MALONAT PERSONAL SECTION	F	hone no.410	0-884-022	0
M	av the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)				X Yes	No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GENERATING THE WILL TO END HUNGER AND THE WORST ASPECTS OF POVERTY.
	CEMENTALISM THE TO EMB NOWOEK THE TIME WORDS INCHES OF TOVERSTATE
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 7,386,688 · including grants of \$ 3,178,335 ·) (Revenue \$ 79,204 ·)
	ACTION GLOBAL HEALTH PARTNERSHIP - ACTION IS A PARTNERSHIP OF LOCALLY
	ROOTED ORGANIZATIONS AROUND THE WORLD THAT ADVOCATES FOR LIFE-SAVING
	CARE FOR MILLIONS OF PEOPLE WHO ARE THREATENED BY PREVENTABLE DISEASES. SUPPORTED BY A WASHINGTON, DC-BASED SECRETARIAT, ACTION PARTNERS WORK
	TOGETHER TO INCREASE INVESTMENTS AND BUILD POLITICAL SUPPORT FOR GLOBAL
	HEALTH.
4b	(Code:) (Expenses \$ 1,339,528 • including grants of \$ 141,956 •) (Revenue \$ 189,793 •)
TD	EDUCATION AND ADVOCACY TO END POVERTY - RESULTS EDUCATIONAL FUND, INC.,
	PERFORMS CUTTING-EDGE RESEARCH AND OVERSIGHT; EDUCATES AND MOBILIZES
	GRASSROOTS ADVOCATES, POLICY MAKERS, AND THE MEDIA; AND TRAINS VOLUNTEERS IN PUBLIC SPEAKING, COMMUNITY ORGANIZING, GENERATING MEDIA,
	AND EDUCATING THEIR ELECTED OFFICIALS ON ISSUES OF POVERTY.
4c	(Code) (Community of Community
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 8,726,216.
	Form 990 (2018)

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			37
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	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	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
"	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,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	rt 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	165	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? <i>If</i> "Yes," <i>complete Schedule J</i>	23	х	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		х
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
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, 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		Х
С	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V

Part V	Statements I	Regarding Ot	her IRS Filings and	Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					

832004 12-31-18

(gambling) winnings to prize winners?

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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SPAIN			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1_		37
	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 contributions or gifts	l		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 25
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	1		
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Forn	2000	/2010

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, ob, or rob below, describe the circumstances, processes, or changes in schedule of 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				
	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 14				
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		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
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	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8a	Х		
b		8b	X	_	
9		OD			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х	
360	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
40-	Did the every instinct have lead about an hypnahae as affiliated	40-	Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a	71		
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X		
	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.		37		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
	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	Х		
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		Х	
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 ►AK , AZ , AR , CA , CO , CT , DC , FL , GA	,HI	,IL	,KS	
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)				
	for public inspection. Indicate how you made these available. Check all that apply.	- · · · y)			
	X Own website Another's website X 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	l finan	cial		
19	statements available to the public during the tax year.	ı ııı ıdı l	oiai		
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	THE ORGANIZATION - 202-783-4800				
	1101 15TH STREET NW, WASHINGTON, DC 20005				
	SEE SCHEDILE O FOR FILL LIST OF STATES	Form	000	(2018)	

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SAM DALEY-HARRIS PRESIDENT/FOUNDER	3.00	X		x				99,207.	0.	15,830.
(2) KUL GAUTAM	3.00	122						33,207	0.	13,0301
CHAIRMAN	1.00	X		х				0.	0.	0.
(3) JAN TWOMBLY	3.00									
TREASURER	1.00	X		x				0.	0.	0.
(4) QIANA TORREGANO	3.00									
SECRETARY	1.00	Х		х				12,120.	0.	0.
(5) SCOTT LECKMAN, M.D, F.A.C.S	3.00							,		
DIRECTOR	1.00	Х						0.	0.	0.
(6) ERNEST LEOVINSOHN	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) MARIAN WRIGHT EDELMAN	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) VALERIE HARPER	3.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) ROGER HUDSON	3.00							_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
(10) PROF. MUHAMMAD YUNUS	3.00								_	_
DIRECTOR	1.00	Х						0.	0.	0.
(11) PANKAJ AGARWAL	3.00	ļ								
DIRECTOR	1.00	Х						0.	0.	0.
(12) MAXINE THOMAS	3.00	١,,						14 600	0	0
DIRECTOR	1.00	Х						14,620.	0.	0.
(13) STEVEN MCGEE	3.00	Į ,,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(14) WILLIAM DICKERSON DIRECTOR	1.00	Х						0.	0.	0.
(15) S. ASHISH BALI	3.00	^						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(16) JOANNE CARTER	34.00	122						0.	0.	J •
EXECUTIVE DIRECTOR	6.00	1		х				164,334.	0.	27,342.
(17) MARK BUTLER	40.00			 				104,554.	.	2,,3426
CFO/COO	13330	1		Х				138,836.	0.	30,708.
020007 10 21 10	1								•	Eorm 990 (2018)

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)		(C)		(D)	(E)			(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable		Estimated		∍d			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensatio	n	an	nount	of			
	week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations	3	com	pensa	ition
	hours for	or dir	a.			ited		organization	(W-2/1099-MIS	iC)		om the	
	related	stee	ruste			bens		(W-2/1099-MISC)			•	anizati	
	organizations below	lal tru	onal t		loyee	com						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) JOHN P. FAWCETT, DIRECTOR OF	40.00	Ĕ	Ë	5	ē.	er Ţ	요						
GLOBAL POLICY & ADVOCACY	40.00	-				х		135,217.		0.	1	3,5	57.
(19) VICTORIA S. TRELAND	40.00							155/21/0		- 		3 7 3	<u> </u>
DIRECTOR OF PROGRAM DEV.	1000	1				х		133,318.		0.	2	0,1	90.
(20) HANNAH L. BOWEN	40.00											- / -	
DIRECTOR, ACTION		1				Х		130,404.		0.	1	1,7	36.
(21) MEREDITH L. DODSON	40.00							,		$\neg \dagger$			
DIR. OF U.S. POVERTY CAMPAIGNS		1				Х		108,478.		0.	1	1,4	65.
(22) JOHN ODENWELDER	40.00												
DIR. OF ORGANIZATIONAL EFFECTIVENESS	3					Х		106,255.		0.	2	3,7	38.
				_						\longrightarrow			
		1											
				-									
		-											
1b Sub-total			<u> </u>	<u> </u>	l	1	•	1,042,789.		0.	15	4,5	66.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								1,042,789.		0.	15	4,5	66.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportabl	e			
compensation from the organization													11
												Yes	No
3 Did the organization list any former office	r, director, or tru	uste	e, ke	ey er	mplo	oyee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual									[3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	50,000? If "Yes,	" co	mpl	ete S	Sche	edule	J f	for such individual		🛓	4	Х	
5 Did any person listed on line 1a receive or	•				•		elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," con	mplete Schedul	e J t	or s	uch	pers	son .				<u></u>	5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest of	· ·	-								pensa	ation f	rom	
the organization. Report compensation fo	r trie calendar y	ear	endi	ıng v	vith	or w	ıtnır		/ear.				
(A) Name and busines	s address							(B) Description of s	ervices	Co	(C omper	ر ز) nsatio	n
MODINO CUIDACII 1 /1 6 6		эτ	CI	<u> </u>			_	,					

ADVOCACY IN JAPAN 235,575. KOKUBUNJI, TOKYO, JAPAN

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

\$100,000 of compensation from the organization

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Form	990) (2	2018) RESUL	TS EDUCA	TIONAL F	UND, INC.		95-3747	267 Page 9
Pa	rt V	Ш	Statement of Rever	nue					
			Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
			Chicar ii Canadale e Cana	<u>ame a 199901190</u>	or moto to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 :	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
Ę,			Fundraising events		48,729.				
i ii			Related organizations		•				
3, ⊟,			Government grants (contributi			-			
Siz			All other contributions, gifts, grant	, –		-			
iğ E		١			112,895.				
등된			similar amounts not included above		112,000.	-			
o pu		_	Noncash contributions included in lines			2 161 624			
a C		h	Total. Add lines 1a-1f		1	2,161,624.			
					Business Code		150 651		
<u>.ce</u>	2		EDUCATIONAL EVE	INTS	900099	179,651.	179,651.		
er.	- 1		CONTRACTS		900099	79,204.	79,204.		
n Si	•		MERCHANDISE & B	OOK SAL	900099	7,332.			
ev		d	HONORARIA		900099	2,810.	2,810.		
Program Service Revenue		е							
<u>P</u>	1	f	All other program service reve	nue					
			Total. Add lines 2a-2f			268,997.			
	3		Investment income (including						
			other similar amounts)			2,255.			2,255.
	4		Income from investment of tax			•			<u> </u>
	5		Royalties		-	131.			131.
	Ŭ		Tioyanico	(i) Real	(ii) Personal				
	6	_	Gross rents	(i) Heal	(ii) i ersoriai	-			
						-			
			Less: rental expenses		<u> </u>	-			
			Rental income or (loss)						
			Net rental income or (loss)		1				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	_			
			assets other than inventory	5,351.					
		b	Less: cost or other basis						
			and sales expenses	0.					
	(С	Gain or (loss)	5,351.					
		d	Net gain or (loss)		<u></u>	5,351.			5,351.
<u>o</u>	8	а	Gross income from fundraising						
Revenue			including \$ 48,7	29. of					
ě			contributions reported on line						
┈			Part IV, line 18	а	12,944.				
Other	-	b	Less: direct expenses	b	12,944.				
٥		С	Net income or (loss) from fund	Iraising events		0.			
			Gross income from gaming ac						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
		_	and allowances						
		h	Less: cost of goods sold			-			
	- '	С	Net income or (loss) from sale						
		_	Miscellaneous Revenu	е	Business Code				
	11 :								
	ı	b				-			
	(С							
			All other revenue						
	(е	Total. Add lines 11a-11d			0.400.050	060 005		8 8 6
	12		Total revenue. See instructions			2,438,358.	268,997.	0.	7,737.

Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	2 200 001	2 200 001		
	individuals. See Part IV, lines 15 and 16	3,320,291.	3,320,291.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	402 E21	202 215	E7 200	22 026
_	trustees, and key employees	483,521.	393,215.	57,380.	32,926.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	2,956,812.	2,364,277.	380,395.	212,140.
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,50±,411•	300,353.	212,140.
0	section 401(k) and 403(b) employer contributions	5,940.	4.875.	591.	474.
9	Other employee benefits	411,633.	4,875. 338,567.	43,046.	474. 30,020.
10	Payroll taxes	267,611.	214,781.	33,522.	19,308.
11	Fees for services (non-employees):		,	,	== , = = = .
	Management				
b	Legal	24,920.	19,106.	5,814.	
С	Accounting	26,031.	22,423.	3,608.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	958,459.	885,841.	71,611.	1,007.
12	Advertising and promotion	116 200	20.002	60 886	15 640
13	Office expenses	116,399.	30,983.	69,776.	15,640.
14	Information technology	15,720.	8,539.	7,181.	
15	Royalties	200 020	227 107	33,201.	20 522
16	Occupancy	280,930. 549,976.	227,197. 519,668.	20,746.	20,532. 9,562.
17	Travel	343,310.	319,000.	20,740.	9,302.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	386,880.	280,377.	67,066.	39,437.
19 20	Conferences, conventions, and meetings Interest	330,000	200,0116	37,000	33,4376
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	64,794.	51,783.	8,331.	4,680.
23	Insurance	20,188.	17,614.	2,574.	<u> </u>
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 O.)				
а	LICENSES AND FEES	31,085.		14,097.	16,988.
b	DUES AND SUBSCRIPTIONS	25,803.	25,345.	458.	
С	PUBLIC AWARENESS	1,454.	1,334.	120.	
d	TRAINING AND DEVELOPMEN	288.		288.	
	All other expenses	0 040 725	0 726 216	010 005	100 711
25	Total functional expenses. Add lines 1 through 24e	9,948,735.	8,726,216.	819,805.	402,714.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0010)

Form **990** (2018)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			712,607.	1	1,278,618.
	2	Savings and temporary cash investments			463,315.	2	5,738,843.
	3	Pledges and grants receivable, net			13,640,000.	3	475,000.
	4	Accounts receivable, net			41,139.	4	49,102.
	5	Loans and other receivables from current and fe					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			100,122.	9	84,150.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	563,320.			
	b			345,533.	255,185.	10c	217,787.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	69,589.
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	264,834.	15	111,963.		
	16	Total assets. Add lines 1 through 15 (must equ	15,477,202.	16	8,025,052.		
	17	Accounts payable and accrued expenses	381,108.	17	359,457.		
	18	Grants payable	2,350,372.	18	2,477,569.		
	19	Deferred revenue			6,330.	19	305.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to current and forme	r officers	s, directors, trustees,			
≝		key employees, highest compensated employe	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of	2.45 222		
		Schedule D			345,228.	25	295,093.
	26	Total liabilities. Add lines 17 through 25			3,083,038.	26	3,132,424.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 ar			111 055		E0 010
anc	27	Unrestricted net assets			-111,055.	27	-72,812.
Bal	28	Temporarily restricted net assets			12,505,219.	28	4,965,440.
Fund Balances	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117 (A), check here ▶∟□				
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			10 204 174	32	4 000 600
_	33	Total net assets or fund balances			12,394,164.	33	4,892,628.
	34	Total liabilities and net assets/fund balances .			15,477,202.	34	8,025,052.

Form **990** (2018)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

За

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 **2018**

Open to Public Inspection

Employer identification number Name of the organization RESULTS EDUCATIONAL FUND, INC. 95-3747267 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28691946.	2505573.	2517656.	28285369.	2037884.	64038428.
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	00604046	0505550	0545656	00005060	000000	5 4 9 9 9 4 9 9
4	Total. Add lines 1 through 3	28691946.	2505573.	2517656.	28285369.	2037884.	64038428.
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,						24000066
	column (f)						34082966.
	Public support. Subtract line 5 from line 4.						29955462.
	ction B. Total Support	() 004.4	#1.0045	() 0040	(1) 0047	() 0040	(C) T
	ndar year (or fiscal year beginning in)	(a) 2014 28691946.	(b) 2015 2505573.	(c) 2016	(d) 2017 28285369.	(e) 2018	(f) Total 64038428.
	Amounts from line 4	20091940.	2505575.	2317030.	20203309.	203/004.	04030420.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	5,825.	10,759.	6,719.	7,691.	2,386.	33,380.
_	and income from similar sources	3,023.	10,739.	0,719.	7,091.	2,300.	33,300.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	7,371.	1,596.				8,967.
11	Total support. Add lines 7 through 10	77371	1,3301				64080775.
12	Gross receipts from related activities	etc (see instruction	nne)				,638,120.
13	First five years. If the Form 990 is fo			d fourth or fifth t			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
.0	organization, check this box and sto	- 1					ightharpoonup
Sec	ction C. Computation of Pub						
	Public support percentage for 2018 (column (f))		14	46.75 %
15	Public support percentage from 2017					15	49.32 %
16a	33 1/3% support test - 2018. If the					nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop I	nere. Explain in Par	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publ	icly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶□

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.)

qualify under the tests listed Section A. Public Support	pelow, please com	plete Part II.)				
• • • • • • • • • • • • • • • • • • • •	(a) 0014	(h) 0015	(a) 0010	(4) 0017	(a) 0010	(6) T-+-1
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•		
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			1	I		<u></u>
14 First five years. If the Form 990 is fo	or the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	ion 501(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Pub		roontago				▶∟
•			. (0)		Tae I	
Public support percentage for 2018						
16 Public support percentage from 201					16	
Section D. Computation of Inve					14-1	
17 Investment income percentage for 2						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2018. If the	-					i / is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2017. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATI	on aid not chack a	DOV OD HDG 1/1 10	m or iun chackt	THE DAY AND COO II	TETTLICTIONS	

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		
3b		
0-		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		
. 32		

Pai	rt IV 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		
С	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		
	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			
	the supported organization(s).	1		<u> </u>
<u>Sec</u>	tion D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		Ь
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.	1		
a				
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	-1	
2	Activities Test. Answer (a) and (b) below.	lactions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	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				
_	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.	За		
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.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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-functional	lly integra	ted Type III supporting org	ganization (see
	instructions).			

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the			
		de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	С.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	ss from 2016			
d	Exces	s from 2017			
_	Гуссо	on from 2010			

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER MISCELLANEOUS REVENUE
2014 AMOUNT: \$ 1,525.
GAIN ON FOREIGN CURRENCY EXCHANGE
2014 AMOUNT: \$ 5,846.
2015 AMOUNT: \$ 1,596.
SCHEDULE A, PART II
THE INFORMATION CONTAINED IN THE 2017 COLUMN OF SCHEDULE A, PART II
INCLUDES INFORMATION FOR BOTH THE SHORT YEAR 1/1/17-9/30/17 AND FOR THE
FULL YEAR ENDED 9/30/18, BOTH OF WHICH WERE REPORTED ON 2017 FORMS.

Schedule B

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

Department of the Treasury Internal Revenue Service **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

RESULTS EDUCATIONAL FUND, INC. 95-3747267

Organization ty	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990	-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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					
	ganization is covered by the General Rule or a Special Rule . etion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
section any one	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under s 509(a)(1) and 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 e contributor, 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; orm 990-EZ, line 1. Complete Parts I and II.					
year, to	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ion of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II.					
year, co is checi purposo	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the particular organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the particular organization secular organization and organization organization and organization described from any one contributor, during the particular organization organization described from any one contributor, during the particular organization organization organization described from any one contributor, during the particular organization orga					
but it must answ	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ver "No" on 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 esn't meet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).					

LHA 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)

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>154,752.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>475,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>180,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RESULTS EDUCATIONAL FUND, INC.

95-3747267

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

Employer identification number

Name of organization

95-3747267 RESULTS EDUCATIONAL FUND, INC. 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forr	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Tracquires or	Other Similar Assets
Га	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Other Sillinar Assets.
	<u> </u>		and and belones also at walls of air
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASI		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
0		nauran ar athar aimilar accata far finana	
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financ	iai yairi, provide
	the following emounts required to be reported under CEAC 11	G (ACC 050) rolating to those itams	
_	the following amounts required to be reported under SFAS 11 Revenue included on Form 990, Part VIII, line 1	,	▶ \$

Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Similar A	ssets	continue	d)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a sig	nificant use	of its co	lection ite	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exem	pt purpose i	n Part X	III.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				res [No
Par	t IV Escrow and Custodial Arran								9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not ir	cluded			
	on Form 990, Part X?							🔲 ነ	∕es [No
b	If "Yes," explain the arrangement in Part XIII									
								Α	mount	
С	Beginning balance						1c			
	Additions during the year						1d		,	
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/es	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	provided or	Part XIII			[
Par										
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three years	back (e	e) Four yea	ars back
1a	Beginning of year balance	,	` '	•		T T			,	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	:e (line 1	a column (a)) held as:	I		I		
	Board designated or quasi-endowment	one your one balanc	%	9, 00.0	ajj mola ao.					
	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	ered for the	organizatio	n		
ou	by:	solon of the organiza	anon in	at are more t	ara aariiiniot	orou for the	organizatio		Ye	s No
	(i) unrelated organizations							Γ	3a(i)	110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the							L	00	
	t VI Land, Buildings, and Equipm		, , , , , , , , , , , , , , , , , , ,	idiido.						
	Complete if the organization answered		0. Part IV	/. line 11a. 9	See Form 990). Part X. lii	ne 10.			
	Description of property	(a) Cost or o		i	t or other		umulated	(d	l) Book va	alue
	Decempation of property	basis (investr			(other)		eciation	"	, Book vo	
1a	Land	,	,		. /	191				
	Buildings									
	Leasehold improvements			32	26,261.	19	98,475		127,	786.
	Equipment				37,059.		47,058			001.
	Other				,		,,,,,,	+	/	- ·
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line i	10c.)			+	217.	787.

(D) (E) (F) (G)

Schedule D (Form 990) 2018 RESULTS EDU	CATIONAL FUND,	INC.	95-3747267	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 11	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market v	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				•
(A)				•
(B)				
(0)				

(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 11c. See Form 990, Part X, line 13.

complete if the organization anowered Tee		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or 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 value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	295,093.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	295,093.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Fir	nancial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial st	atements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line	12:		
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on lin			
а	Investment expenses not included on Form 990, Part VIII, line	7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990,		5	
Pa	rt XII Reconciliation of Expenses per Audited Fi	nancial Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 9			
1	Total expenses and losses per audited financial statements \dots		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 2			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	***************************************			
d	,	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line	:1:		
а	Investment expenses not included on Form 990, Part VIII, line	7b 4a 		
	- · · · · · · · · · · · · · · · · · · ·			
b	Other (Describe in Part XIII.)			
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990	4b		
с 5 Ра	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information.	, Part I, line 18.)	5	- VI
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information.	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	i XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	ł XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	i XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	ż XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	i XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	i XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	i XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III,	, Part I, line 18.) lines 1a and 4; Part IV, lines 1b and 2b; Pa	5	t XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

RESULTS EDUCATIONAL FUND, INC. 95-3747267 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA				ADVOCACY AND EDUCATION	
FASO,	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	691,538.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,				ADVOCACY AND EDUCATION	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	1,526,578.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,				ADVOCACY AND EDUCATION	
CAMBODIA,	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	459,480.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED				ADVOCACY AND EDUCATION	
STATES	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	603,440.
SOUTH ASIA	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	19,255.
3 a Subtotal b Total from continuation	0	0			3,300,291.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,300,291.

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE	TB ACTION					
		PACIFIC -	PROJECT-ADVOCACY AND					
		AUSTRALIA,	EDUCATION ON TB &					
		BRUNEI, BURMA,	HIV/AIDS	446,807.	INT'L WIRE	0.		
		EUROPE (INCLUDING	TB ACTION					
		ICELAND &	PROJECT-ADVOCACY AND					
		GREENLAND) -	EDUCATION ON TB &					
		ALBANIA, ANDORRA,	HIV/AIDS	828,848.	INT'L WIRE	0.		
		EUROPE (INCLUDING	TB ACTION					
		ICELAND &	PROJECT-ADVOCACY AND					
		GREENLAND) -	EDUCATION ON TB &					
		ALBANIA, ANDORRA,	HIV/AIDS	738,587.	INT'L WIRE	0.		
		NORTH AMERICA -	TB ACTION					
		CANADA AND	PROJECT-ADVOCACY AND					
		MEXICO, BUT NOT	EDUCATION ON TB &					
		THE UNITED STATES	HIV/AIDS	610,376.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	152,321.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	259,564.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	85,072.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	125,765.	INT'L WIRE	0.		

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	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

3 Enter total number of other organizations or entities

15

		Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		SOUTH AMERICA	HIV/AIDS	20,000.	INT'L WIRE	0.		
			TB ACTION	,				
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	19,228.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	11,622.	INT'L WIRE	0.		
			TB ACTION	,				
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	20,000.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	18,728.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		SOUTH ASIA	HIV/AIDS	19,569.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		EAST ASIA AND THE	EDUCATION ON TB &					
		PACIFIC	HIV/AIDS	18,171.	INT'L WIRE	0.		

		ates. Complete i	f the organization answered "Yes" o	on Form 990, Par	t IV, line 16.	
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization a Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (ash disbu	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Schedule F (Form 990) 2018 Part IV Foreign Forms

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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	·						ntification number
	EDUCATIONAL FUND,					95-3747	
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			. ▶				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2018

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HOUSTON (add col. (a) through 5 AUSTIN EVENTEVENT col. (c)) (event type) (total number) (event type) 6,050. 61,673. 39,144. 16,479. 1 Gross receipts 6,036 28,158. 14,535. 48,729. 2 Less: Contributions 12,944. 10,986. 14. 1,944. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,944.9 Other direct expenses 14. 10,986. 12,944. 12,944 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018 KESOLIS EDUCATIONAL FUND, INC. 93	-3/4/20/	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
		
b An outside facility	[130]	70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
u N		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b If "Yes," enter the amount of gaming revenue received by the organization > and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ►		
Addices F		
16 Coming manager information:		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	.6	
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I. line 2b, columns (iii) and (v): and	Dort III lines O	05 105
	Part III, lines 9,	90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	RESULTS	EDUCATIONAL	FUND,	INC.	95-3747267	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)				
	•••	,	,				
-							
-							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► 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

Department of the Treasury

Internal Revenue Service

RESULTS EDUCATIONAL FUND, INC. Employer identification number 95-3747267

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the very did any payon listed on Form COO Dark VIII. Continue A. line 10 with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of the person and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ_

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990
(1) JOANNE CARTER	(i)	164,334.	0.	0.	6,644.	20,698.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) MARK BUTLER	(i)	138,836.	0.	0.	5,640.	25,068.		0.
CFO/COO	(ii)	0.	0.	0.	0.	0.		0.
(3) VICTORIA S. TRELAND	(i)	133,318.	0.	0.	5,357.	14,833.	153,508.	0.
DIRECTOR OF PROGRAM DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE EXECUTIVE COMMITTEE OF RESULTS, INC. THE EXECUTIVE COMMITTEE SHALL HAVE THE SAME POWERS AS THE FULL BOARD AS PROVIDED IN ARTICLE V, EXCEPT FOR AMENDING THE ARTICLES OF INCORPORATION OR BYLAWS, SELECTING AND REMOVING ALL OTHER OFFICERS, AGENTS AND THE EXECUTIVE DIRECTOR OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

MEMBERS OF BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS SIGNED BY THE DIRECTOR OF FINANCE AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES AND SUBMITS ANNUALLY A CONFLICT OF INTEREST FORM TO DISCLOSE ANY INTERESTS THAT MAY GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S BOARD EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR BY REVIEWING ORGANIZATIONAL PERFORMANCE AND COMPARABLE PUBLIC DATA FOR ORGANIZATIONS OF SIMILAR SIZE AND PURPOSE. THEIR DECISION IS DOCUMENTED CONTEMPORANEOUSLY. THE EXEXCTIVE DIRECTOR'S COMPENSATION IS BEING REVIEWED ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MN, MO, NH, NJ, NM, NY, NC, OH, OK, OR

PA, RI, SC, UT, VA, WA, WV, WI, AL, MA, MI

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

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

832211 10-10-18

Name of the organization RESULTS EDUCATIONAL FUND, INC.	Employer identification number 95-3747267
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 1023, 990, GOVERNING DOCUMENTS	, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REASONABLE REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	ESS OR PROCESS
OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX	YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

(a)	(b)	(c)	(d)	(e)		((f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)					Direct controlling entity	
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section			(f) et controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Direct controlling entity e related tax-exempt (f) (Section contentity entity) Yes	No	
RESULTS, INC 52-1411039 1101 15TH STREET NW	GRASSROOTS LOBBY TO END	DISTRICT OF COLUMBIA	501(c)(3)) Y		v			
WASHINGTON, DC 20005	BUNGER AND FOVERTI	DISTRICT OF COLUMBIA	501(0)(4)		EDUCAT	IONAL FUND	Α	

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

organization treated as a parameter against tarry said											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	Disproportionate Code V-		Genera	or Percentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partne	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
											\top
											1
				l			<u> </u>	I	I.		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	ti) etion b)(13) rolled iity?
		country)		J. 1.25.4		400010		Yes	No
									<u> </u>
									
-									
									Щ

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	I in Parts II-IV?	L			Х	
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b						1b		Х	
С						1c		X	
d	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)					1f		Х	
g	Sale of assets to related organization(s)					1g		Х	
h	Purchase of assets from related organization(s)					1h		Х	
i	Exchange of assets with related organization(s)					1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		X	
- 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)				11		Х	
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)				1m	X	Х	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)								
р	1 7 1					1p	X		
q						1q	Х		
r	Other transfer of cash or property to related organization(s)					1r		X	
s	Other transfer of cash or property from related organization(s)					1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	this line, including covered	relationships and transaction	thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of deter	(d) rmining amount invo	lved			
(1) I	RESULTS, INC.	Q	90,067.	BOOK VALUE					
(2)									
(3)									
<u>, , </u>									
<u>(4)</u>									
<u>(5)</u>									
(6)									
83216	3 10-02-18				Schedule R	(For	n 990	2018 (

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners sec	Share of	Share of	Dispro tion	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocati	ons?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	liicome	assets	Yes	No	(F01111 1065)	Yes I	10
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