Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For t	he 2017 calendar year, or tax year beginning , 2017, and ending	,			
F		if applicable: C	Employer identification number			
H			61-1536987			
	Initial i	1717 W ORANGEWOOD AVE I	Telephone number			
-			866-470-188	38		
H						
		The state of the s	Group Exemption Iumber	•		
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Check ►	if the organiza	ition is not		
I	Web		attach Schedule			
J	Tax-ex	tempt status (check only one) = 13 or (o/to)	, 990-EZ, or 990	·PF).		
		of organization: X Corporation Trust Association Other				
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al ► \$	80,239.		
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	tions for Part			
		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received	1	77,539.		
	2	Program service revenue including government fees and contracts	2	2,700.		
	3	Membership dues and assessments.	3	,		
	4	Investment income.	4			
	5 a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
	6	Gaming and fundraising events				
R	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a				
Ž	b	Gross income from fundraising events (not including \$ of contributions	-			
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
	С	Less: direct expenses from gaming and fundraising events				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d			
	7 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 c			
	8	Other revenue (describe in Schedule O)	8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,239.		
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Benefits paid to or for members	11			
Ē	12	Salaries, other compensation, and employee benefits	12	7,494.		
APENSES	13	Professional fees and other payments to independent contractors	13	16,375.		
Ň	14	Occupancy, rent, utilities, and maintenance	14	•		
Ē	15	Printing, publications, postage, and shipping	15			
3	16	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). SEE SCHEDULE O	16	77,275.		
	17	Total expenses. Add lines 10 through 16	17	101,144.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,905.		
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	r			
A NS EE T T S		figure reported on prior year's return)	19	36,490.		
	20	Other changes in net assets or fund balances (explain in Schedule O).	20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	15,585.		
-	. =	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		::		

Par	TIII Balance Sheets (see the instance Check if the organization used School	tructions for Part II)	estion in this Part II			X
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			36,370		18,867.
23	Land and buildings	SEE SCHEDIII	<u>.</u>		23	
24				120		120.
25 26	Total liabilities (describe in Schedule O	SEE SCHEDULE	E 0	36,490	. 25	18,987.
	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	0 36,490	. 27	3,402. 15,585.
	t III Statement of Program Service A	ccomplishments (see the inst	ructions for Part III)		.	Expenses
	Check if the organization used So	chedule O to respond to any o	question in this Part III	X		uired for section 501
What	is the organization's primary exempt purpose? SE	E SCHEDULE O	ita thuna lavanat avanus		(c)(3)) and 501(c)(4) nizations; optional
mea	cribe the organization's program service a sured by expenses. In a clear and concis stited, and other relevant information for e	se manner, describe the servi	ces provided, the num	ber of persons		thers.)
28	SEE SCHEDULE O	each program title.				
20	SEE SCHEDOLE O					
		nis amount includes foreign g	rants, check here		28 a	
29	SEE SCHEDULE O					
	(Grants \$) If the	nis amount includes foreign g	rants, check here	∷∷∷⊹⊏┪	29 a	
30	SEE SCHEDULE O					
			,,			
21	(Grants \$) If the Other program services (describe in Sch	nis amount includes foreign g			30 a	
31		nis amount includes foreign g			31 a	
32	Total program service expenses (add li				32	
Par	t IV List of Officers, Directors,					
	Check if the organization used So	chedule O to respond to any o	question in this Part IV			
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	continuutions to empire	oyee	(e) Estimated amount of
		position	`(if not paid, enter -0-)	benefit plans, and defe compensation	erreu	other compensation
	YAN_NASH				_	
	ESIDENT & CEO NDY GOODFELLOW	30	0	•	0.	0.
	RETARY	<u>.</u> 5	0		0.	0.
	ROL LUTZ			•	<u> </u>	
	FINANCE	5	0		0.	0.
	RIE_MCROBERTS	_			_	
	CE PRESIDENT	5	0	•	0.	0.
	NY_FREIDL EASURER	<u>-</u> 5	0		0.	0.
11(1	insortant .			•	<u> </u>	0.
		_				
		-				
		_				
		-				
		_				
		-				

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED) the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. П
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
34	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	25		.,,
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? <i>If 'No,' provide an explanation in Schedule O</i> • Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e), notice	35 b		-
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 -		Х
41	shelter transaction? If 'Yes,' complete Form \$886-T	40 e	ш_	Λ
	a The organization's books are in care of ► BRYAN NASH Located at ► 1717 W ORANGEWOOD #I ORANGE CA b 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)? If 'Yes,' enter the name of the foreign country:► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	70-1 42b 42c	<u>888</u>	No X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A N/A No
	a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 a		Х
	instead of Form 990-EZ	44 b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Χ
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

						Yes	No
46 Did t	the organization engage, directly or indire lidates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on behalf of	of or in opposition to	46		Х
Part VI						1	
I alt VI	All section 501(c)(3) organizations		uestions 47-49b an	d 52. and complete	the table	es	
	for lines 50 and 51.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.				. 🔲
47 D: d 4		or house a section EO1/h	V alastian in affect during	the tay year? If IVee I		Yes	No
	he organization engage in lobbying activities plete Schedule C, Part II				47		Х
	e organization a school as described in se						X
49 a Did t	the organization make any transfers to an	exempt non-charitable	e related organization?.		49 a		X
	es,' was the related organization a section	-					
	plete this table for the organization's five high				ey		
empi	oyees) who each received more than \$100,0	UU of compensation fron	n the organization. If there	s is none, enter 'None.'	ı		
	(a) Name and title of each employee	(b) Average hours per week devoted	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimate		
	(a) Name and the or each employee	to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com	pensatio	on
NONE							
10111							
f Tota	I number of other employees paid over \$	<u> </u> 00.000 ▶					
51 Com	plete this table for the organization's five high	hest compensated indep	endent contractors who ea	- ach received more than \$	100,000 of		
com	pensation from the organization. If there i	s none, enter 'None.'			1		
	(a) Name and business address of each independent c	ontractor	(b) Type	of service	(c) Comp	pensatio	n
NONE			_				
			-				
			-				
			-				
			-				
d Tota	I number of other independent contractors	s each receiving over S	\$100,000				
	the organization complete Schedule A? N				► X Yes	. [No
	pleted Schedule Aes of perjury, I declare that I have examined this return,					<u> </u>	NO
true, correct,	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any knowl	ledge.			
0'	Signature of officer			Date			
Sign Here					0		
пете	BRYAN NASH Type or print name and title			PRESIDENT & CE	.0		
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Data	CHRIS STAMOS	CHRIS STAMOS		Check L if self-employed F	20017570	0	
Paid Preparer	Firm's name ► STAMOS & STAMOS		I				
Use Only	Firm's address > 17871 SANTIAGO			Firm's EIN ►	86-1097	<u>0</u> 25	
		92861		Phone no. (71			
May the IF	RS discuss this return with the preparer sl	nown above? See instr	ructions		► X Yes	;	No
					Form 99	0-EZ ((2017)

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

2017

Open to Public Inspection

Name of the organization Employer identification number							
	SH FOUNDATION					61-153698	
	ason for Public Cha					<u>'</u>	tions.
— —	tion is not a private found				-	•	
—	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .						
—	chool described in section 1		•		•		
_	ospital or a cooperative h						
ш	nedical research organiza	tion operated in conj	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	Inter the hospital's
nan	ne, city, and state:						
5 An	organization operated for tion 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in
6 A fe	ederal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7 X An o	organization that normally rection 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	blic described
8 A c	ommunity trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
=	agricultural research organi				onjunctio	on with a land-grant colle	ege
or u	niversity or a non-land-granersity:						
fror	organization that normally reactivities related to its estment income and unrees 30, 1975. See section!	exempt functions—sul lated business taxabl	oject to certain exception e income (less section	ns, and	(2) no r	more than 33-1/3% of	its support from gross
11 An	organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	
or r	organization organized an nore publicly supported o s 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a))(2). See section 509(a	ut the purposes of one ()(3). Check the box in
a Typ	e I. A supporting organization realization (s) the power to reapplete Part IV, Sections A	on operated, supervise	d, or controlled by its sup	ported o	rganizati	ion(s), typically by giving	g the supported on. You must
mar	ie II. A supporting organize agement of the supporting st complete Part IV, Section	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ion(s). You
_	e III functionally integrated anization(s) (see instruction		tion operated in connection	n with, an	nd functio	onally integrated with, its	supported
d Typ	e III non-functionally integrated. The o	rated. A supporting organization generally	janization operated in cor	nection	with its s	supported organization(s) that is not
e Che	ructions). You must com eck this box if the organiz grated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
	he number of supported						
	e the following information	-					
(i) Name of	supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
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.)

Section A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	244,073.	354,369.	233,635.	128,962.	80,239.	1,041,278.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	244,073.	354,369.	233,635.	128,962.	80,239.	1,041,278.
6	Public support. Subtract line 5 from line 4						1,041,278.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	244,073.	354,369.	233,635.	128,962.	80,239.	1,041,278.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,041,278.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	•	•				100.00%
	Public support percentage from 2					<u> </u>	100.00%
	33-1/3% support test—2017. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization			► <u>X</u>
b	33-1/3% support test—2016. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est—2017. If the or meets the 'facts-a -and-circumstanc	ganization did not and-circumstances es' test. The organ	t check a box on to test, check this nization qualifies	line 13, 16a, or 16 box and stop her as a publicly sup	5b, and line 14 is e. Explain in Part ported organization	10% VI how on►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the▶
				,,,,			<u> </u>

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.)

Sec	tion A. Public Support	ists listed below,	please complete r	art II.)			
	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2013	(b) 2014	(6) 2013	(d) 2010	(6) 2017	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(3	⁽³⁾ ▶ □
	tion C. Computation of Pul			10		T T	
	Public support percentage for 20	•					%
	Public support percentage from 2					16	ું છે
	tion D. Computation of Inv					<u> </u>	
	Investment income percentage for	•	• •	-			%
	Investment income percentage fi					<u> </u>	%
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check 23-1/3% support tests— 2016 . If t	this box and stop	p here. The organ	ization qualifies	as a publicly suppo	orted organization	
	33-1/3% support tests—2016. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	and stop here. The	e organization qu	ualifies as a public	ly supported organ	nization •
				•			<u>L</u>

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

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
l0a	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.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	llee t	the agreement in a country of the following mayons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
-	gover	rning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			1
1	Did th	disectors, trustees, or membership of any or more supported argenizations have the negative the regularly appoint		Yes	No
'	or ele Part \ If the direct	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint that at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in In It was a supported organization or setting the supported organization one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2					
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion [D. All Type III Supporting Organizations			
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	By re voice all tin	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	=	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	=	The organization is the parent of each of its supported organizations. Complete mile of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)	
·	ш.	The organization supported a governmental entity. Describe in Fair VI now you supported a government entity (see in	1311 40	110113)	•
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the	2b		
_		nization's involvement.	20		
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

EDDIE NASH FOUNDATION			36987 Page (
rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C — Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally int (see instructions).	tegrated	Type III supporting or	ganization
	Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizativition A — Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). Stion B — Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for shor tax year or assets held for part of year): A Average monthly value of securities D Average monthly cash balances E air market value of other non-exempt-use assets E Tair market value of other non-exempt-use assets A total (add lines 1a, 1b, and 1c) D Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally in	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must instructions. All other Type III non-functionally integrated supporting organizations must instructions. A Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 Stion B — Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly cash balances 1ba Deverage monthly cash balances 2 Evaluated in the stall in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Recoveries of prior-year distributions 7 Minimum asset amount for prior year (from Section A, line 8, Column A) 1 Enter 8% of line 1. 2 Income tax imposed in prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 1 Income tax imposed in prior year (f	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20. 1970 (explain in instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2017

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2017

BAA

Schedule A (Form 990 or 990-EZ) 2017

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 O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number EDDIE NASH FOUNDATION 61-1536987

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION BANK CHARGES BIRTHDAY CLEANING AND MAINTENANCE COUNSELORS TRAING & MEETING DUES AND MEMBERSHIPS EQUIPMENT RENTAL/PURCHSE FUNDING DEVELOPMENT INCENTIVES INSURANCE MEALS & MEETINGS MEDIA & ENTERTAINMENT OUTSIDE CONTRACT		2,227. 180. 1,500. 1,120. 4,000. 316. 236. 9,360. 11,131. 3,150. 7,672. 1,008. 4,500.
OUTSIDE CONTRACT. OUTSIDE FACILITIES.		4,500. 4,805.
PRINTING		254.
PROFESSIONAL FEES		1,805.
PROGRA, REUNION		190.
PROGRAM ACTIVITIES.		9,369. 937.
PROGRAM OPERATIONS. PROGRAM SUPPLIES.		2,951.
PROGRAM SUPPLIES. RENT AND UTILITIES.		2,931. 6,708.
STATE TAXES		110.
SUPPLIES.		383.
		2,177.
WORKER'S COMP		1,186.
TOTAL	Ś	77,275.
	Y	11,213.

FORM 990-EZ, PART II, LINE 24 **OTHER ASSETS**

	B	<u>EGINNING</u>	ENDING		
INVENTORIES	\$	120.	\$	120.	
	\$	120.	\$	120.	

FORM 990-EZ, PART II, LINE 26 **TOTAL LIABILITIES**

			BEGINNING		 ENDING
PAYABLE TO OFFICERS,	DIRECTORS,	ETC.	\$).	\$ 3,402.
		TOTAL	\$ ().	\$ 3,402.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE EDDIE NASH FOUNDATION IS TO WORK TO CREATE AN ENLIGHTENED WORLD WITHOUT VIOLENCE, BY BREAKING THE CYCLE OF HATE RESULTING FROM ABUSE, PREJUDICE, AND ALL FORMS OF VIOLENCE AFFECTING OUR YOUTH, THROUGH RECOGNITION AND FINANCIAL CONTRIBUTIONS TO COMMUNITY PROGRAMS AND ORGANIZATIONS THAT SUPPORT THE GOALS OF

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CAMP TO BELONG IS A DESIGNATED PROGRAM SPECIFICALLY FOCUSED ON THE SIBLING RELATIONSHIP. CAMP TO BELONG IS A DESIGNED PROGRAM SPECIFICALLY FOCUSED ON THE SIBLING RELATIONSHIP.

THE ACTIVITIES OUR YOUTH EXPERIENCE HELPS THEM BUILD CHILDHOOD MEMORIES THAT WILL LAST A LIFETIME.

CAMP IS ALSO A GREAT OPPORTUNITY FOR CAMPERS TO MEET OTHERS WHO HAVE EXPERIENCED SIMILAR SITUATIONS. WE OFTEN WITNESS MUTUAL SUPPORT AND UNDERSTANDING AMONG CAMPERS, ESPECIALLY DURING CHALLENGING TIMES. THE CAMP HAS PROVEN AN INVALUABLE AND MEMORABLE EXPERIENCE FOR CAMPERS AND COUNSELORS ALIKE

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE TUTORING CAFÉ IS COMMITTED TO WORKING CLOSELY WITH STUDENTS AND THEIR FAMILIES TO PROVIDE CUSTOMIZED, ONE-ON-ONE TUTORING INSTRUCTION THAT HELPS STUDENTS ACHIEVE THEIR ACADEMIC GOALS.

OUR MISSION IS TO REMAIN DEDICATED TO THE DEVELOPMENTAL SUCCESS OF OUR FOSTER YOUTH AND HELP STUDENTS TO REMAIN CONFIDENT IN THEIR ACADEMIC ABILITIES AND STRIVE TOWARDS GREATER ACHIEVEMENTS THROUGHOUT THEIR EDUCATIONAL GROWTH.

ONE ON ONE TIME WITH A TUTOR FOCUSING ON A SPECIFIC AREA IN WHICH THERE IS A STRUGGLE

ORIENTATION FOR YOUTH AND THEIR PRIMARY CARETAKERS TO UNDERSTAND THE IMPORTANCE OF EDUCATION AND TAKING PART IN THE PROCESS OF BEING INVOLVED WITH MONITORING HOMEWORK AND THE EDUCATIONAL PROCESS.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROVIDE A QUIET AND CALMING ENVIRONMENT FOR YOUTH TO STUDY AND COMPLETE SCHOOL WORK WITH ASSISTANCE

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE PASSPORTS TO SUCCESS (PTS) PROGRAM IS DESIGNED TO GIVE FOSTER YOUTH MUCH NEEDED LIFE SKILLS BEFORE THEY LEAVE THE SYSTEM. THE UNIQUE CURRICULUM WAS CREATED BY TRINITY WALLACE-ELLIS AND BRYAN NASH, FORMER FOSTER YOUTH WHO UNDERSTAND THE CHALLENGES THESE YOUTH FACE. NOTED CHILD PSYCHOLOGIST AND FOSTER CARE CONSULTANT, DR. GREG MANNING, ALSO HELPS WITH THE CURRICULUM AND FACILITATES THE WORKSHOPS.

SADLY, MOST FOSTER YOUTH ARE EMANCIPATED WITHOUT THE SKILLS NEEDED TO FUNCTION AS INDEPENDENT ADULTS. THE STATISTICS ARE DISMAL AND THE COST TO THESE CHILDREN AND TO SOCIETY IS IMMENSE AS 80% OF PRISON BEDS AND 3 OUT OF 10 HOMELESS ARE FORMER FOSTER YOUTH.

PASSPORTS TO SUCCESS PARTNERS WITH COMPANIES TO ASSIST FOSTER YOUTHTHE EDDIE NASH FOUNDATION PARTNERS WITH CORPORATIONS AND PRIVATE SECTOR ORGANIZATIONS TO TEACH THE YOUTH (AGES 14-21) REAL LIFE SCENARIOS AND LESSONS RATHER THAN USING TEXTBOOK THEORIES. OUR WORKSHOPS HAVE HAD CHICK-FIL- A TEACHING THEM TO STAND OUT IN A JOB INTERVIEW; JAMS (JUDGES AND MEDIATORS) FOUNDATION TEACHING THEM HOW TO RESOLVE CONFLICT AND STAY OUT OF THE COURTS; AND UNION BANK PROVIDING INSIGHT ON FINANCIAL NEEDS VERSUS WANTS.

ANOTHER CRITICAL COMPONENT OF THE PROGRAM IS TO HAVE THE FOSTER YOUTH LEARN

SIDE-BY-SIDE WITH A TRUSTED ADULT. THOSE WHO ATTEND WITHOUT A CAREGIVER ARE

PARTNERED WITH AN EDDIE NASH FOUNDATION VOLUNTEER. THESE COMMUNITY VOLUNTEERS COME

Name of the organization

EDDIE NASH FOUNDATION

Employer identification number
61-1536987

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FROM ALL WALKS OF LIFE AND BRING SUPPORT AND EXPERIENCES THAT GIVE THE FOSTER YOUTH FRESH PERSPECTIVES ON ADULTHOOD.

THE PROGRAM ENROLLS 30 TO 50 YOUTH PER SESSION IN ORDER TO MAINTAIN A ONE-ON-ONE EXPERIENCE. TOO OFTEN THESE YOUTH BECOME A MERE NUMBER TO THE WORLD. IN PTS, EACH YOUTH IS TREATED AS A HIGHLY VALUED INDIVIDUAL.

CLASSES OCCUR MONTHLY AND EACH WORKSHOP FOCUSES ON A SPECIFIC TOPIC.

FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
CAMP TO BELONG INTERNATIONAL IS A DESIGNATED PROGRAM		
SPECIFICALLY FOCUSED ON THE SIBLING RELATIONSHIP. CAMP TO		
BELONG IS A DESIGNED PROGRAM SPECIFICALLY FOCUSED ON THE		
SIBLING RELATIONSHIP.		

THE ACTIVITIES OUR YOUTH EXPERIENCE HELPS THEM BUILD CHILDHOOD MEMORIES THAT WILL LAST A LIFETIME.

CAMP IS ALSO A GREAT OPPORTUNITY FOR CAMPERS TO MEET OTHERS WHO HAVE EXPERIENCED SIMILAR SITUATIONS. WE OFTEN WITNESS MUTUAL SUPPORT AND UNDERSTANDING AMONG CAMPERS, ESPECIALLY DURING CHALLENGING TIMES. THE CAMP HAS PROVEN AN INVALUABLE AND MEMORABLE EXPERIENCE FOR CAMPERS AND COUNSELORS ALLEE

COUNSELOR		MEMOKADLI	E EVLEKIENCE	I FUR C	AMPERS AI	עווו				
COUNTILIO	NO ALINE		INCLUDE	ES FORE	IGN GRAN	TS: NO	0			
						TOTA	L \$	0.	\$	0
FORM 990-	EZ, PART \	/ - REGARDIN	IG TRANSFER	S ASSO	CIATED WIT	TH PERS	SONAL	BENEFIT (CONTRAC	TS
(A) DID	THE ORGA	ANIZATION,	DURING THE	YEAR,	RECEIVE A	ANY FUI	NDS, D	IRECTLY	OR	
INDIRECTI	LY, TO PA	Y PREMIUMS	S ON A PERSO	ONAL BE	NEFIT CO	NTRACT	?			NO
(B) DID	THE ORGA	ANIZATION,	DURING THE	YEAR,	PAY PREM	IUMS, I	DIRECT	LY OR		
INDIRECTI	LY, ON A	PERSONAL H	BENEFIT CONT	TRACT?						NO