Form **990** (Rev. January 2020)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Comparison Com	<u>A F</u>	or the	2019 calendar year, or tax year beginning and e	ending	_	
Total number of independent volunteers (estimate in necessary) Total number of independent volunteers (estimate in necessary) Total number of independent volunteers (estimate in necessary) Total number of independ	B c	Check if pplicable	.		D Employer identif	ication number
Doing Dustries 3 a		Addres	FOUNDATION			
Number and street (of P.D. to of frail is hot deleved to street aboriess) Normalisate Elesphone number (a500) 200 - 54 58 Cores receipts Sp 2 , 191 .		change				
Early or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or toreign postal code City or town, state or province, courtry, and AP or to state or province, courtry, and AP or to state or province, courtry, and AP or to state or province, courtry, and AP or town, courtry, and courtry, an		return Final return/	735 N. MAPLE HILL RD.	Room/suite		0-5458
Figure		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	992,191.
Same and address of principal officer. GUIDO VAN DER HOBUEN Posting principal officer. GUIDO VAN DER HOBUEN Tax-exempt status.		Ameno	KELSO, WA 98626		H(a) Is this a group r	eturn
SAME AS C ABOVE		Application	F Name and address of principal officer: GUIDO VAN DER HOEVE	N		
Taxexempt status:		pendin	α			—
J. Webstite: ▶ TAXWORKBOOK. COM	T 1	Гах-ехе		or 527	1 ' '	
Form of organization: X Corporation Trust Association Other L Year of formation: 2001 M State of legal domicilie: TX					1 ′	,
Part Summary				I Year		
TAXATION EDUCATIONAL MATERIALS. 2 Check this box ▶				= 1001	01101111au011; = 0 0 = [1	otato or logar dormono, = ==
TAXATION EDUCATIONAL MATERIALS. 2 Check this box ▶		1	Briefly describe the organization's mission or most significant activities: TO DE	EVELOP	AND PROVID	E FEDERAL
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (Part VIII, column (C), line 12 7 a Total unrelated business travable income from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1b) 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), line 1-1) 1 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 Balaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 Column (A), line 11e) 2 Total revenue less expenses (Part IX, column (A), line 11e) 3 Total expenses (Part IX, column (A), lines 11a, 11f, 12f, 24e) 4 Total expenses (Part IX, column (A), lines 11a, 11f, 12f, 24e) 5 Total expenses (Part IX, line 16) 5 Total assets (Part X, line 26) 5 Total asse	9	'				
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1t) 9 Program service revenue (Part VIII, line 1t) 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 1 Grants and similar amounts paid (Part IX, column (A), lines 13) 1 Benefits paid to or for members (Part IX, column (A), line 11) 1 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 Total revenue less escenses (Part IX, column (A), line 11e) 1 Total revenue (Part VIII, column (A), lines 11at Int, 11f.24e) 1 Total expenses (Part IX, column (A), lines 11at Int, 11f.24e) 1 Total assets (Part X, line 16) 2 Total assets (Part X, line 16) 3 Total assets (Part X, line 16) 4 Revenue less expenses Subtract line 18 from line 12 5 Total assets (Part X, line 16) 5 Signature Block 1 Total liabilities (Part X, line 16) 5 Signature Block 1 Total liabilities (Part X, line 26) 5 Signature of officer	an	9		ed of more	than 25% of its not as	eate
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1t) 9 Program service revenue (Part VIII, line 1t) 1 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 1 Grants and similar amounts paid (Part IX, column (A), lines 13) 1 Benefits paid to or for members (Part IX, column (A), line 11) 1 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 Total revenue less escenses (Part IX, column (A), line 11e) 1 Total revenue (Part VIII, column (A), lines 11at Int, 11f.24e) 1 Total expenses (Part IX, column (A), lines 11at Int, 11f.24e) 1 Total assets (Part X, line 16) 2 Total assets (Part X, line 16) 3 Total assets (Part X, line 16) 4 Revenue less expenses Subtract line 18 from line 12 5 Total assets (Part X, line 16) 5 Signature Block 1 Total liabilities (Part X, line 16) 5 Signature Block 1 Total liabilities (Part X, line 26) 5 Signature of officer	ē	2				7
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Solution	∞	1 -				
Solution	ies					
Solution	፷	6	Total number of volunteers (estimate if necessary)			
8	Aci	1				
8 Contributions and grants (Part VIII, line 1h)		b	Net unrelated business taxable income from Form 990-1, line 39			
9 Program service revenue (Part VIII, line 2g)		_				
To trial revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets or fund balances. Subtract line 21 from line 20 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Total assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Total liabilities (Part X, line 26) 26 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Par	ē	1				
To trial revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 19) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Mode penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer Firm's address	ē	1	•			
To trial revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 19) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Mode penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer Firm's address	ş	1				+
13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 263,991. 262,761. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 .		14	Benefits paid to or for members (Part IX, column (A), line 4)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 337,008. 37008.	S	15				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 337,008. 3	us	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 337,008. 3	ă	b b				
19 Revenue less expenses. Subtract line 18 from line 12 169,596 · 93,605 · Beginning of Current Year End of Year 537,008 · 603,613 · 537,008 · 603,613	Ш	''			632,385.	
Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581		19	Revenue less expenses. Subtract line 18 from line 12		169,596.	93,605.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581	O.S.			Ве		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581	t As	21	Total liabilities (Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581	<u>E</u> E	22			537,008.	603,613.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581	Pa	art II	Signature Block			
Sign Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name SANG AHN Preparer Use Only Preparer Preparer Signature of officer Preparer's signature Prim's name MCDONALD JACOBS, P.C. Firm's lamb P3-0900579 Phone no. (503) 227-0581	Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581	true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Here ROBERT P. ACHENBACH, JR., CAO Type or print name and title Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581						
Type or print name and title Print/Type preparer's name SANG AHN Preparer Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Proparer Preparer's signature Preparer's signature Preparer's signature SANG AHN Preparer's signature Firm's ElN \$\sqrt{90.540880}\$ Phone no. (503) 227-0581	Sig	n	,		Date	
Print/Type preparer's name Preparer's signature Date Check PTIN	Her	е				
Paid SANG AHN if self-employed P00540880 Preparer Firm's name ▶ MCDONALD JACOBS, P.C. Firm's EIN ▶ 93-0900579 Use Only Firm's address ▶ 520 SW YAMHILL ST., STE 500 Phone no. (503) 227-0581			Type or print name and title			
Preparer Use Only Firm's name MCDONALD JACOBS, P.C. Firm's EIN ▶ 93-0900579 Use Only Firm's address 520 SW YAMHILL ST., STE 500 Phone no. (503) 227-0581			Print/Type preparer's name Preparer's signature	1	Date Check Check	
Use Only Firm's address 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204 Phone no. (503) 227-0581	Paid	ı	•			
PORTLAND, OR 97204 Phone no. (503) 227-0581	Prep	arer			Firm's EIN ▶	93-0900579
	Use	Only	Firm's address 520 SW YAMHILL ST., STE 500			
May the IRS discuss this return with the preparer shown above? (see instructions)			PORTLAND, OR 97204		Phone no. (5	
	May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

		e or note to any line in this Part III		
1	Briefly describe the organization's mission: TO DEVELOP AND PROVIDE	FEDERAL TAXATION EDUC	CATIONAL MATERIALS.	
2	Did the organization undertake any significant prior Form 990 or 990-EZ?	program services during the year which v		Yes X No
	If "Yes," describe these new services on Sche	dule O.		
3	Did the organization cease conducting, or making "Yes," describe these changes on Schedule		, any program services?	Yes X No
4	Describe the organization's program service at Section 501(c)(3) and 501(c)(4) organizations at	ecomplishments for each of its three large re required to report the amount of grant		
4a	revenue, if any, for each program service reports (Code:) (Expenses \$ 817	ted including grants of \$) (Revenue \$	987,611.)
Tu	THE ORGANIZATION DEVELO	PED AND PROVIDED FEDE		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule	→ O.)		
		ing grants of \$ 817,494.) (Revenue \$)
4e	Total program service expenses	O11,474•		Form 990 (2019)

Part IV Checklist of Required Schedules

# "Yes," complete Schedule A. It has a regination required to complete Schedule B, Schedule of Contributors? It the organization reagage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offeed; "Piles," complete Schedule C, Part I Section 501(pX) organizations. Did the organization engage in lobbying activities, or have a section 601(p) election in effect obtaining the lax year? If "Yes," complete Schedule C, Part II Is the organization assection 501(pX) organization organization and provided activities on the registration of the provided activities on the registration of the provided activities on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization markina and cold a conservation assement, including assements to prevene or part by the organization markina and activities or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization markina collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization markina collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization receptor of part IX or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV If the organization receptor of through a related organization, hold assets in donor estricted endowments or in quasil endowments? If "Yes," complete Schedule D, Part IV If the organization report an amount for interval provide credit in part X, line 10? If "Yes," complete Schedule D, Part IV If the organization report an amount for interval provide schedule D, Part IV Did the organization report an amount for interval provide schedule D, Part IV Did the organization report an amount for interval provide schedule D, Part IV Did the organization				Yes	No
2 Is 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 Is Did the organization engage in index of public office? If "Yes," complete Schedule C, Part I Is the organization activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Is the organization activities on behalf of or in opposition to candidates for public office? If "Yes," organization accounts for which donors have the right to provide advisor as defined in Part V, in organization accounts for which donors have the right to provide advisor on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II Is the organization accessed on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Is the organization receive or hold a conservation easement, including easements to proserve open space, the orminominent, Hotoric lard arease, or helotic situations? If "Yes," completes Schedule D, Part III Is the organization report an amount in Part X, inerection of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Is the organization report an amount for investment of complete Schedule D, Part IV Is the organization is an account in the part X or provide conditions and the organization accounts or in quase indomerants? If "Yes," complete Schedule D, Part IV Is the organization is an account for investments and organization. Part X is in the organization accounts for investments and organization accounts in the organization accounts for investments. One of the organization accounts for investments and organization accounts for investments. The organization is accounted in Part X, line 167 If "Yes," complete Schedule D, Part VII Is the organization report an amount for investments of the account of the part X, line 167 If "Yes," complete Schedule D, Part X Is Did the o	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 I Lith conganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices if "Yes," complete Schedule C, Part I 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or heve a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(h)(s) 01(k)(s) 01 colls) or 501(k)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98.197 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any door advised under any similar funds or accounts or which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit courseling, debt management, credit repair, or debt negotiation services? 8 If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VVII 11 Did the organization report an amount for inhalbition and part X line 107 If "Yes," complete Schedule D, Part VVIII 12 Did the organization report an amount for inhalbitions Part X, line 128, that is 5% or more of its total assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VVIIII Line 2 If India assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VVIIII Line 2 If India assets reported in Part X, line 187 If "Yes," complete Schedule D, Part VVIIII Line 2 If India assets reported in Part X, line 187 If "Y				X	
section 50(kg)3 organizations. Dot the organization engage in lobbying activities, or have a section 50(hg) election in effect during the tax year? # 'Yes," complete Schedule C, Part # 1 Is the organization as extend 50(kg)4, 50(kg)6, or 50(kg)6, organization that receives membership dues, assessments, or similar amounts as defined in Neveruse Procedure 99-187 # 'Yes," complete Schedule C, Part # 5 Is the organization manital any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? # 'Yes,' complete Schedule D, Part # 7 Did the organization manital any donor advised funds or any similar funds or accounts? # 'Yes,' complete Schedule D, Part # 8 Did the organization manital	_		2		<u> </u>
4 Section SO1(kg3) organizations. Did the organization engage in lobbying activities, or have a section SO1(hg) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section SO1(hg), SO1(hg), or SO1(hg) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-197 If "Yes," complete Schedule C, Part II Is Did the organization markina any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Is Did the organization received not acconservation assessment, including assements to pressive open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Is Did the organization markinal collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Is Did the organization report an amount for land, building assements to pressive open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Is Did the organization report an amount for land, buildings, and equipment in Part X, line 197 If "Yes," complete Schedule D, Part V Is a sapplicable. By It the organization sanewor to any of the following questions is "Yes," then complete Schedule D, Part V Is a sapplicable. By It the organization sanewor to any of the following questions is "Yes," then complete Schedule D, Part V II Is A Is a sasked to 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 197 If "Yes," complete Schedule D, Part V III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is A Is a Schedule D, Part X III Is A Is a Schedule D, Part X III Is A Is A	3				37
during the tax year? If 'Yes,' complete Schedule C, Part II S to the organization a section 501(4), 501(6)(5), or 951(6)(6) or 951(6)	_		3		<u> </u>
5 Is the organization as action 5016(4), 5016(8), or 5016(9) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 5 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 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 II 8 Did the organization maintain and collections of works of art, historical researces, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization annual collections of works of art, historical researces, or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 10 Did the organization annual to 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 II the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V III II the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V II, VII, VII, VII, VII, VII, VII, VI	4				v
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III by a consistent maintain any otons advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II by the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III by 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 by the organization (riectly or through a related organization, hold assets in donor-restricted endowments or in quasile endowments? If "Yes," complete Schedule D, Part IV by the organization answer to any of the following questions is "Yes," then complete Schedule D, Part SV, as a spiciable. a Did the organization report an amount for iand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI bid the organization report an amount for investments - organized in Part X, line 10? If "Yes," complete Schedule D, Part VIII bid bid he organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII bid bid he organization report an amount for rother liabilities 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 X III by bid he organization and an amount for investments - program related in Part X, line 19. If "Yes," complete Schedule D, Part X III by bid he organization separate or consolidated financial statements for the tax year. If yes, complete Schedule D, Part X III by bid he organization asserted in a part X, line 19. If yes, complete	_		4		
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part III. 9 Did the organization amounts not listed in Part X, ine 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? // "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // "Yes," complete Schedule D, Part IV. 11 If the organization report an amount for linvestments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part IV. 11 If the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part IVI. 12 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part IVI. 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part IVI. 14 Did the organization report an amount for other lastellation in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part IVI. 15 Did the organization report an amount for other lastellities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part IVI. 16 Did the organization separate or consolidated financial statements for the tax year? // "Yes," complete Schedule D, Part X X. 17 Did the organization separate or consolidated financial statements for the t	6				v
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		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

LAND GRANT UNIVERSITY TAX EDUCATION FOUNDATION

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		X
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u> X</u>
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		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
ŭ	"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		X
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		X
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
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?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38		38	Х	
Pai		_ 55		
	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2019) FOUNDATION

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

	(continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	110
		2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a		X
b	If "Yes," enter the name of the foreign country	. (53.45)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the second strength of th		-		v
_			5a 5b		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of "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 have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization hav		50		
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 contribution		<u> </u>		
	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 service	es 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		
С	$\label{eq:dispose} Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was$	required			
	to file Form 8282?		7c		X
d	,	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		7h		
0	sponsoring organizations maintaining donor advised runds. Bid a donor advised fund maintained by	y tile	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate appropriation realized and total distributions and a continue 40000		9a		
b	Did the approxima agreement on make a distribution to a dense dense advisor or related paragraph		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b			
11	Section 501(c)(12) organizations. Enter:	1			
а		1a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-		1b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b	12a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	20	1		
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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С		3с			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerate				
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	icome?	16		X
	If "Yes," complete Form 4720, Schedule O.		Forn	990	(2010)
			1 011		(-0.0)

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or 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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT ACHENBACH - (360)200-5458			
	735 N. MAPLE HILL RD., KELSO, WA 98626			

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.

See instructions for the order in which to list the persons above.

	week (list any hours for related organizations below line)	tee or director				_	tee)	compensation	compensation	amount of
		Individual t	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) JC HOBBS	5.00									
CHAIRMAN/DIRECTOR		Х		Х				2,225.	0.	0 .
(2) ADAM KANTROVICH	5.00			l				4		
DIRECTOR/SECRETARY		Х		Х				1,550.	0.	0
(3) TRAVIS MOUNTAIN	5.00	.,		,,					0	
VP FOR ADMINISTRATION	F 00	Х		Х			_	0.	0.	0
(4) CLAIRE TWARDY DIRECTOR	5.00	х						0.	0.	0
(5) WILLIAM KLUMP	5.00	Λ					<u> </u>	0.	0.	0 .
DIRECTOR	3.00	Х						0.	0.	0
(6) BARRY WARD	5.00	Λ						0.	0.	0
DIRECTOR	3.00	Х						0.	0.	0
(7) VIRGINIA UZENDOSKI	5.00									
DIRECTOR		х						0.	0.	0 .
(8) GUIDO VAN DER HOEVEN	10.00							-	-	-
PRESIDENT		1		х				34,117.	0.	0
(9) ROBERT ACHENBACH	12.00									
CAO/TREASURER				Х				46,941.	0.	0
(10) LORI B MILLER	20.00									
VP FOR EDITORIAL SERVICES				Х				177,928.	0.	0

Form 990 (2019)

Section A. Officers, Directors, (A)	(B)	JiOye	ees,	and (C		Jues	ι <u></u>	(D)	s (continued) (E)	Т	(F)	
Name and title	Average hours per week	box,	not ch unles	Posi neck r	tion nore son is	l than c s both r/trust	an	Reportable compensation	Reportable compensation		Estimat amount	of
	(list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	()	other compens from the organization	ation ne tion ted
	line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				organizat	ions
1b Subtotal							<u> </u>	262,761.	().		0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	rt VII, Section A							0. 262,761.		0.		0.
Total number of individuals (including to compensation from the organization)	out not limited to th						o re			-		1
Did the organization list any former off		oo k	·0\/ 0	mnl	0)/0/	a or	hia	hest compensated empl	ovee on		Yes	No
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											4 X	
5 Did any person listed on line 1a receive rendered to the organization? If "Yes."	•				-			•			5	X
Section B. Independent Contractors 1 Complete this table for your five highes										neatio	n from	
the organization. Report compensation								the organization's tax y		- Isatio		
(A) Name and busir								(B) Description of s	ervices	Cor	(C) npensatio	on
INTEG DBPC 4500 SPEIGHT AVENUE, W <i>E</i>	ACO, TX 76	71	1]	BOOK PUBLISH	ING	:	281,2	03.
2 Total number of independent contractors \$100,000 of compensation from the or		ot lin	nited	l to t	hos 1	e list	ted	above) who received mo	ore than			
		_		_	_	_	_			Fc	orm 990	(2019)

Form 990 (2019) FOUNDAT
Part VIII Statement of Revenue

_			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
	_							000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	1 8		Federated campaigns 1a					
ira ou	ı		Membership dues 1b					
s, (Am	(С	Fundraising events 1c					
iift ar	(d	Related organizations 1d					
s, (mil		е	Government grants (contributions) 1e					
Sign	1	f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f					
풀		a	Noncash contributions included in lines 1a-1f					
Š	ì	_	Total. Add lines 1a-1f					
<u> </u>		<u></u>	Totall / loc 14 11	Business Code				
_	•	_	WORKBOOK SALES AND HAN	611710	934,793.	934,793.		
ice	2 3		REIMBURSED EXPENSES	611710	52,818.	52,818.		
erv ne	'		KEIMBURSED EXPENSES	011/10	32,010.	32,010.		
n S	•	С						
rar Sev	•	d						
Program Service Revenue	•	е						
ď	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f		987,611.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		4,580.			4,580.
	4		Income from investment of tax-exempt bond p		_			-
	5		Royalties					
			(i) Real	(ii) Personal				
	6	_	Gross rents 6a	(-)				
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7 :	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	ı	b	Less: cost or other basis					
ne			and sales expenses 7b					
/en		С	Gain or (loss) 7c					
Вè		d	Net gain or (loss)					
her Revenue			Gross income from fundraising events (not					
흏			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	,				
		h	Less: direct expenses 8t					
				<u>'</u>				
			Net income or (loss) from fundraising events					
	9 8	d	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 95)				
			Net income or (loss) from gaming activities	<u></u>				
	10 a	а	Gross sales of inventory, less returns					
			and allowances 10	a				
	ı	b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory .					
				Business Code				
sno	11 :	а						
nec		b						
Miscellaneous Revenue		C	-					
Sce			All other revenue					
Ξ				_				
		<u>ਦ</u>	Total. Add lines 11a-11d		992,191.	987,611.	0.	4,580.
	12		Total revenue. See instructions		<i>フフ᠘,</i> ⊥フ⊥•	201,011.	ı .	4,300.

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) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 262,761. 203,002. 59,759. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 2,000. 2,000. Management Legal 12,835. 12,835. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,910. 4,910. Office expenses 13 383. 383. Information technology 14 Royalties 15 16 Occupancy 2,031. 2,031. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 62,285. 62,285. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,588. 1,588. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 306,987. 306,987. PRINTING AND PRODUCTION EDITORIAL SERVICES 124,454. 124,454. 76,625. 76,625. **PUBLICATIONS** 41,727. 41,727. POSTAGE AND SHIPPING e All other expenses 898,586. 817,494. 81,092. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2019)

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		221,008.	1	314,613
	2	Savings and temporary cash investments			2	289,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ		6		
ပ္ပ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets	l .	14		
	15	Other assets. See Part IV, line 11		27,000.	15	C
	16	Total assets. Add lines 1 through 15 (must e			16	603,613
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	l .	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ر پ	22	Loans and other payables to any current or fo	ormer officer, director,			
116		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow FASB ASC 958, o	heck here 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		537,008.	27	603,613
Bal	28	Net assets with donor restrictions			28	
밀		Organizations that do not follow FASB ASC				
ᆲ		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
Set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances			32	603,613
	33	Total liabilities and net assets/fund balances		E 2 E 2 2 2	33	603,613

	DIMED CHANT CHIVDIDILI IIMI DECCHILICH				
Form	n 990 (2019) FOUNDATION	74-	3015783	Pag	ge 12
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	992	2,1	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	898	3,5	86.
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	537	7,0	08.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-27	7,0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	603	3,6	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, , ,	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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 on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2019)

За

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

LAND GRANT UNIVERSITY TAX EDUCATION

OMB No. 1545-0047

2019 Open to Public

Inspection
Employer identification number

		FOUN	DATION					./	4-30157	/83
Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions.			
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative		•			i).			
4	一	A medical research organiz					•	(iii). Enter	the hospital's	s name,
		city, and state:	•				· · · · · ·	. ,		,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental un	it describe	ed in	
_		section 170(b)(1)(A)(iv). (C		,	•	, 0				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Ħ	An organization that norma	•					e general r	oublic describ	ned in
		section 170(b)(1)(A)(vi). (C	•	ma. part or no capport ii	o a go			2 ga a. a. p		
8		A community trust describe		1)(A)(vi). (Complete Part	: II)					
9	H	An agricultural research org			-	ed in coniu	nction with a l	and-grant	college	
Ŭ		or university or a non-land-g								
		university:	jiani conege or agnet	antaro (666 mon actiono).		idino, only	, and state of t	no comogo		
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	oort from o	ontributio	ns membersh	in fees, an	d aross recei	nts from
		activities related to its exen		• •			•	•	•	•
		income and unrelated busin	-	•					-	
		See section 509(a)(2). (Con		(1000 000tion of the tax) in o	an baomoc	ooo aoqan	od by the orga	ar ii Lacioi i a	into our our	1070.
11		An organization organized a	•	vely to test for public sat	fety See	section 50	19(a)(4)			
12	H	An organization organized a	•	•	•			rv out the	nurnoses of a	one or
-		more publicly supported or	•	•	-			•		
		lines 12a through 12d that							moon the box	
а		Type I. A supporting orga	* *					-	aivina	
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-				
		organization. You must o			majority c	i tric direc	tors or trustee	3 01 1110 30	pporting	
b		Type II. A supporting org			ion with it	s sunnorte	d organization	(s) by bay	vina	
		control or management o								
		organization(s). You mus			arric perso	iis triat coi	itror or manag	c tric supp	orted	
С		Type III functionally inte			in connect	ion with a	and functionally	v integrate	ad with	
Ŭ		its supported organization	- ' '					, intograto	G With,	
d		Type III non-functionally						ed organi:	zation(s)	
u		that is not functionally int	•				• •	•	` '	
		requirement (see instructi	-		•			arratteritiv	CHOSS	
е		Check this box if the orga						Type III		
٠		functionally integrated, or					Type I, Type II	, Type III		
f	Ente	er the number of supported of				ation.				
		vide the following information	•	d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount	t of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see ir	nstructions)
				above (see instructions))						
										

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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)						
_	**						
	Public support. Subtract line 5 from line 4.						<u> </u>
	•••	(-) 0045	(1-) 0040	(-) 0047	(4) 0040	(-) 0010	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and sto	here					
Sec	ction C. Computation of Publ	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a ¡	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	_			-		
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization			•			s >
			,,	, , ,, 11 ~		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sed	etion A. Public Support	siow, picase comp	ioto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	899,026.	898,099.	933,047.	1062166.	987,611.	4779949.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	899,026.	898,099.	933,047.	1062166.	987,611.	4779949.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	51,650.	54,516.	57,786.	67,011.	1,664.	232,627.
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	82,584.	80,735.	86.387.	115,352.	84.353.	449,411.
c	Add lines 7a and 7b		135,251.	144,173.	182,363.	86,017.	
	Public support. (Subtract line 7c from line 6.)	·	•				4097911.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	899,026.	898,099.	933,047.	1062166.	987,611.	4779949.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,810.	2,975.	3,169.	3,806.	4,580.	17,340.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	2,810.	2,975.	3,169.	3,806.	4,580.	17,340.
12	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.)	901,836.	901,074.	936,216.	1065972.	992,191.	4797289.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
0-	check this box and stop here						>
	ction C. Computation of Public			. (5)			0E 12 a
	Public support percentage for 2019 (li		•	.,,		15	85.42 % 84.53 %
	Public support percentage from 2018 etion D. Computation of Inves					16	84.53 %
	Investment income percentage for 20			ne 13 column (f)\		17	.36 %
	Investment income percentage from 2	•	***	(1)		18	.35 %
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box an						► V
b	33 1/3% support tests - 2018. If the	organization did ne	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
20	line 18 is not more than 33 1/3%, checomore than 34 1/		-	•		•	-

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		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Oh		
	9b		
	9c		
	10a		
	10b		
٠.	an or ac	∩_F7\	2010

Pa	T 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		
c	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		
Sec	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			
<u></u>	the supported organization(s).	1		
Sec	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	0		
2	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	lv integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
ее	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

LAND GRANT UNIVERSITY TAX EDUCATION

Schedule A	(Form 990 or 990-EZ) 2019 FOUNDATION	74-3015783 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	le 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

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

LAND GRANT UNIVERSITY TAX EDUCATION FOUNDATION

Employer identification number 74-3015783

Pai			ds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	1 1	b) Funds and other accounts
_	Total number of and of our or	(a) Donor advised funds	- '	b) Fullus 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		ali.a. a. al. £1a. a	
5	Did the organization inform all donors and donor advisors in w	_		
6	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad for charitable purposes and not for the benefit of the donor or			
	• •	donor advisor, or for any other purpo		
Pai				
1	Purpose(s) of conservation easements held by the organization		50, Fait IV,	mie 7.
'	Preservation of land for public use (for example, recreating	`	n of a biota	rically important land area
	Protection of natural habitat	· —		rically important land area fied historic structure
	Preservation of open space	Freservatio	ii oi a ceiti	ned Historic Structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad concentation contribution in the fo	rm of a aa	acconnection accomment on the last
2	day of the tax year.	ed conservation contribution in the ic	onn or a cor	Held at the End of the Tax Year
9	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
<u> </u>	listed in the National Register	· ·		2d
3	Number of conservation easements modified, transferred, rele			
_	year >	acca, e/aga.eca, e. 10a.ca 2)		-anon adming and tark
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	of	
	violations, and enforcement of the conservation easements it l			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1	170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stat	tements tha	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue stateme	nt and bala	nce sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research	in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in t	furtherance	of public 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 trea		ncial gain, p	provide
	the following amounts required to be reported under FASB AS	· · · · · · · · · · · · · · · · · · ·		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2019

932051 10-02-19

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	Contin	ued)	90
	Using the organization's acquisition, accession								100111111		
	collection items (check all that apply):	•	•	,	J	Ü					
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	e			9- 9						
c	Preservation for future generations	_									
4	Provide a description of the organization's coll	lections and explain	n how the	ev further tl	he organizatio	nn's exem	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit or	·		•	· ·			o iiii air	,		
-	to be sold to raise funds rather than to be mail								Yes		No
Par	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	contribution	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									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 For						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. O										J
Par	t V Endowment Funds. Complete if	the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years b	ack
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 curre	nt year end balance	e (line 1g	ı, column (a	ı)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment >	<u> </u>									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	tion that	t are held a	nd administer	red for the	organiza	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o		wment fu	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	d	(d) Book	value	!
1a	Land										
b	Buildings	I									
С	Leasehold improvements										
d	Equipment										
е	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X, colum	n (B), line 1	'0c.)						0.

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Welliod of Valuation. Gost of Civ	a or year market value
Financial derivatives			
Closely held equity interests			
Other		+	
(A)		+	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	α-οτ-year market value
(1)		1	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) Rook value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (c)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	•	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	•	

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial		Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part				045 717
1 Total revenue, gains, and other support per audited financial statement	ts		1	945,717.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments				
b Donated services and use of facilities				
c Recoveries of prior year grants		16 171		
d Other (Describe in Part XIII.)	2d	-46,474.		16 171
e Add lines 2a through 2d			2e	-46,474. 992,191.
3 Subtract line 2e from line 1			3	994,191.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)				0
c Add lines 4a and 4b			4c	992,191.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line Part XII Reconciliation of Expenses per Audited Financia	ne 12.) al Statements With	Fynenses ner B	5 Return	334,131.
Complete if the organization answered "Yes" on Form 990, Part		Expenses per i	ictarri.	
•			1	937,037.
1 Total expenses and losses per audited financial statements2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				J31,031•
·	22			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		38,451.		
d Other (Describe in Part XIII.)		•	20	38 /51
e Add lines 2a through 2d			2e 3	38,451. 898,586.
3 Subtract line 2e from line 1			3	090,300.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4-	0
c Add lines 4a and 4b			4c	0. 898,586.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Part XIII Supplemental Information.	<u>line 18.)</u>		5	090,300.
	and 4. Dark IV lines 4 h	and Ob. Dort V. line 4	. Dart V I	in a Or Dort VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	•		, Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	nde any additional inform	iation.		
PART X, LINE 2:				
11111 11, D1110 2.				
THE ORGANIZATION FOLLOWS THE PROVISIONS	S OF FASE ASC	TOPIC ACC	ידענזס	NG FOR
UNCERTAINTY IN INCOME TAXES. MANAGEMEN	NT HAS EVALUA	TED THE OR	GANI 2	ZATION'S
TAX POSITIONS AND CONCLUDED THAT THERE	ARE NO UNCER	TAIN TAX P	OSITI	ONS THAT
REQUIRE ADJUSTMENT TO THE FINANCIAL STA	ATEMENTS TO C	OMPLY WITH	PROV	/ISIONS
OF THIS TOPIC.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
ACCRUAL TO CASH CONVERSION				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
ACCRUAL TO CASH CONVERSION				

Schedule D (Form 990) 2019

LAND GRANT UNIVERSITY TAX EDUCATION

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	FOUNDATION	74-3015783	Page 5
Part XIII Supplemental Infor	mation _(continued)		
			-

SCHEDULE J (Form 990)

Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

LAND GRANT UNIVERSITY TAX EDUCATION FOUNDATION

Employer identification number 74-3015783

			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						
2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the 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 X 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?						
С	Participate in, or receive payment from, an equity-based compensation arrangement?						
	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							
	contingent on the revenues of:						
а	The organization?	5a		X			
	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		<u> </u>			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	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						
	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)?	۱۵					

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) LORI B MILLER	(i)	177,928.	0.	0.	0.	0.	177,928.	0.	
VP FOR EDITORIAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	[(II)						L		

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

LAND GRANT UNIVERSITY TAX EDUCATION FOUNDATION

Employer identification number 74-3015783

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS. THE MEMBERS ARE REPRESENTATIVES OF THE STATE TAX SCHOOLS.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. THE MEMBERS ELECT BOARD MEMBERS AT AN ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

EACH MEMBER IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. THE MEMBERS ELECT BOARD MEMBERS AT AN ANNUAL MEETING.

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

THE LGUTEF AUDIT COMMITTEE WILL PROVIDE AN INITIAL REVIEW AND RECOMMEND ACCEPTANCE OR DENIAL BY THE BOARD WHICH WILL VOTE TO ACCEPT OR DENY THE FORM 990.

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

DURING THE YEAR, ALL OFFICERS AND DIRECTORS ACTIVITY WITH LGUTEF IS MONITORED BY THE CAO BEFORE ISSUANCE OF ANY PAYMENTS OR INVOICES.

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

ANNUAL REVIEW BY CONTRACTUAL SERVICES COMMITTEE, INCLUDING LIVE INTERVIEW AND WRITTEN QUESTIONS/RESPONSES.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19