

# Return of Organization Exempt From Income Tax

**2018**

**Open to Public Inspection**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning May 1, 2018, and ending Apr 30, 2019

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Basic Assistance to Students in the Community (BASIC)  
 Doing business as BASIC  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 1914  
 City or town, state or province, country, and ZIP or foreign postal code  
Borrego Springs, CA 92004-1914

**D** Employer identification number  
33-0631683

**E** Telephone number  
(617) 686-8065

**F** Name and address of principal officer:  
Joanne S Ingwall, PO Box 1914, Borrego Springs, CA 92004-1914

**G** Gross receipts \$ 298,930.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ borregobasic.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1999 **M** State of legal domicile: CA

**H(c)** Group exemption number ▶

**Part I Summary**

|                             |  |   |                           |              |
|-----------------------------|--|---|---------------------------|--------------|
| Activities & Governance     | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>BASIC supports education in Borrego Springs, California via scholarship programs, a learning academy, in-classroom aides and the Dolly Parton's Imagination Library.</u> |                           |              |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |              |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 13           |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 0            |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>                  | 0            |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 30           |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 0.           |
|                             | <b>b</b>   | Net unrelated business taxable income from Form 990-T, line 38  | <b>7b</b>                 | 0.           |
| Revenue                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)  | 172,505.                  | 219,061.     |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 231.                      | 268.         |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 7,814.                    | 58,367.      |
|                             | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 180,550.                  | 277,696.     |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 31,500.                   | 60,550.      |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   |                           | 0.           |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                           | 0.           |
|                             | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)   |                           |              |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶   |                           | 0.           |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 97,068.                   | 91,950.      |
|                             | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | 128,568.                  | 152,500.     |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12 | 51,982.   | 125,196.                  |              |
| Net Assets or Fund Balances | <b>20</b>  | Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)   | 234,372.                  | 359,744.     |
|                             | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | 0.                        |              |
|                             |  |   | 234,372.                  | 359,744.     |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Joanne S Ingwall, CFO Date: 06/17/2019  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Mark N. Remy Preparer's signature: Mark N. Remy Date: 06/17/2019 Check  if self-employed PTIN: P00975690

Firm's name ▶ MNRemy Tax and Accounting Solutions Firm's EIN ▶  
 Firm's address ▶ 320 Onager Drive Box 173, Borrego Springs, CA 92004-0173 Phone no. (619) 379-0700

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
BASIC supports education in Borrego Springs, California via scholarship programs, a learning academy, in-classroom aides and participation in the Dolly Parton's Imagination Library.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 60,550. including grants of \$ 60,550.) (Revenue \$ 60,550.)  
BASIC sponsored a scholarship program to assist graduating High School seniors and adults.

**4b** (Code: ) (Expenses \$ 85,506. including grants of \$ 0.) (Revenue \$ 133,025.)  
BASIC sponsored a learning academy for 32 2nd/3rd grade students, a Middle School summer math program and a Middle School and High School English Language Development Program.

**4c** (Code: ) (Expenses \$ 1,315. including grants of \$ 0.) (Revenue \$ 2,025.)  
BASIC funds participation in the Dolly Parton's Imagination Library for students in Borrego Springs, California.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 1,996. including grants of \$ 0.) (Revenue \$ 1,996.)

**4e** Total program service expenses ▶ 149,367.

**Part IV Checklist of Required Schedules**

|  | Yes         | No |
|--|-------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>  | <b>1</b> X  |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | <b>2</b> X  |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>   | <b>3</b>    | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>  | <b>4</b>    | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>  | <b>5</b>    | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>   | <b>6</b>    | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>   | <b>7</b>    | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>  | <b>8</b>    | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>           | <b>9</b>    | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>  | <b>10</b>   | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |             |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>  | <b>11a</b>  | X  |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>  | <b>11b</b>  | X  |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>  | <b>11c</b>  | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>   | <b>11d</b>  | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | <b>11e</b>  | X  |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <b>11f</b>  | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>   | <b>12a</b>  | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>  | <b>12b</b>  | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>   | <b>13</b>   | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b>  | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i> | <b>14b</b>  | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>  | <b>15</b>   | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>   | <b>16</b>   | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>   | <b>17</b>   | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>  | <b>18</b> X |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>  | <b>19</b>   | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  | <b>20a</b>  | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b>  |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | <b>21</b>   | X  |

**Part IV Checklist of Required Schedules** *(continued)*

|  | Yes         | No |
|--|-------------|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b> X |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>   | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                           | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b>  |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25a</b>  | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25b</b>  | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>   | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>   | X  |
| <b>28</b> 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):  |             |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28a</b>  | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28b</b>  | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>   | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>   | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>   | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>   | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>   | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35a</b>  | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>35b</b>  |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  | <b>36</b>   | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | <b>38</b> X |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes         | No |
|---|-------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1a</b> 0 |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> 0 |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b>   |    |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.



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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 13<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 0  |     |    |
| <b>2</b>  | 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? . . . . .   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  |     | X  |
| <b>7a</b> | 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? . . . . .  |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body? . . . . .   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .  |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| <b>b</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? . . . . .   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  |     | X  |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  |     |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  |     | X  |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   |     | X  |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official . . . . .   |     | X  |
| <b>b</b>   | Other officers or key employees of the organization . . . . .  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| <b>b</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? . . . . . |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►  
 Joanne S. Ingwall, 615 Anza Park Trail, Borrego Springs, CA 92004-0537 (617)686-8065

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Barbara Coates<br>President                               | 3.00   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) Joanne Ingwall<br>CFO                                     | 15.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) Curt Yaws<br>VP/Co-CFO                                    | 4.00   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) Anne Bogardt<br>Director/Chair Scholarship Committee      | 10.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) Martha Diechler<br>Director                               | 2.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Jacque Goodrich<br>Director/Chair Circle of Art Committee | 7.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Vickie Goodrich<br>Director/Chair Poster Committee        | 6.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Lorry Seagrim<br>Director                                 | 0.50   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) Joann Stang<br>Director of Learning Academy               | 3.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Andrea Taylor<br>Director                                | 0.50   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Susan Vescera<br>Director                                | 1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) Angela Cassidy<br>Secretary                              | 1.00   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (13) Urmi Ray<br>Corresponding Secretary                      | 3.00   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (14)  |  |   |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15)   |  |  |                       |         |              |                              |        |  |   |   |
| (16)   |  |  |                       |         |              |                              |        |  |   |   |
| (17)   |  |  |                       |         |              |                              |        |  |   |   |
| (18)   |  |  |                       |         |              |                              |        |  |   |   |
| (19)   |  |  |                       |         |              |                              |        |  |   |   |
| (20)   |  |  |                       |         |              |                              |        |  |   |   |
| (21)   |  |  |                       |         |              |                              |        |  |   |   |
| (22)   |  |  |                       |         |              |                              |        |  |   |   |
| (23)   |  |  |                       |         |              |                              |        |  |   |   |
| (24)   |  |  |                       |         |              |                              |        |  |   |   |
| (25)   |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue        | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |  |
|---|--|--|--|---|---|--|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b> 0.   |   |   |  |  |  |
|   | <b>b</b>   | Membership dues . . . . .  | <b>1b</b> 0.   |   |   |  |  |  |
|   | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b> 0.   |   |   |  |  |  |
|   | <b>d</b>   | Related organizations . . . . .  | <b>1d</b> 0.   |   |   |  |  |  |
|   | <b>e</b>   | Government grants (contributions)  | <b>1e</b> 19,000.                                      |   |   |  |  |  |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b> 200,061.                                     |   |   |  |  |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f: \$  | 13,500.  |   |   |  |  |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .  | ▶ 219,061.   |   |   |  |  |  |
| <b>Program Service Revenue</b>                                    |  |  | <b>Business Code</b>                                   |   |   |  |  |  |
|   | <b>2a</b>  | -----  |  |   |   |  |  |  |
|   | <b>b</b>   | -----  |  |   |   |  |  |  |
|   | <b>c</b>   | -----  |  |   |   |  |  |  |
|   | <b>d</b>   | -----  |  |   |   |  |  |  |
|   | <b>e</b>   | -----  |  |   |   |  |  |  |
|   | <b>f</b>   | All other program service revenue .  |  |   |   |  |  |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . .                            | ▶  |  |   |   |  |  |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  | ▶ 268.   | 268.  | 0.                                      | 0.   |  |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds ▶   |  |   |   |  |  |  |
|   | <b>5</b>   | Royalties . . . . .  | ▶  |   |   |  |  |  |
|   | <b>6a</b>  | Gross rents . . . . .  | (i) Real   |   |   |  |  |  |
|   |  |  | (ii) Personal  |   |   |  |  |  |
|   |  |  | <b>b</b>   | Less: rental expenses                                     |   |  |  |  |
|   |  |  | <b>c</b>   | Rental income or (loss)                                   |   |  |  |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . .  | ▶  |   |   |  |  |  |
|   | <b>7a</b>  | Gross amount from sales of<br>assets other than inventory  | (i) Securities   |   |   |  |  |  |
|   |  |  | (ii) Other   |   |   |  |  |  |
|   |  |  | <b>b</b>   | Less: cost or other basis<br>and sales expenses . . . . . |   |  |  |  |
|   |  |  | <b>c</b>   | Gain or (loss) . . . . .                                  |   |  |  |  |
|   | <b>d</b>   | Net gain or (loss) . . . . .   | ▶  |   |   |  |  |  |
|   | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 0.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b> 79,601.                                       |   |   |  |  |  |
|   | <b>b</b>   | Less: direct expenses . . . . .  | <b>b</b> 21,234.                                       |   |   |  |  |  |
|   | <b>c</b>   | Net income or (loss) from fundraising events . . . . .   | ▶ 58,367.  |   | 0.                                      | 58,367.  |  |  |
|   | <b>9a</b>  | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .   | <b>a</b>   |   |   |  |  |  |
| <b>b</b>  |  |  | Less: direct expenses . . . . .                        | <b>b</b>  |   |  |  |  |
| <b>c</b>  |  |  | Net income or (loss) from gaming activities . . . . .  | ▶   |   |  |  |  |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>   |  |   |   |  |  |  |
|   |  | <b>b</b>   | Less: cost of goods sold . . . . .                     | <b>b</b>  |   |  |  |  |
|   |  | <b>c</b>   | Net income or (loss) from sales of inventory . . . . . | ▶   |   |  |  |  |
| Miscellaneous Revenue   |  | <b>Business Code</b>   |  |   |   |  |  |  |
| <b>11a</b>  | -----  |  |  |   |   |  |  |  |
| <b>b</b>  | -----  |  |  |   |   |  |  |  |
| <b>c</b>  | -----  |  |  |   |   |  |  |  |
| <b>d</b>  | All other revenue . . . . .  |  |  |   |   |  |  |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .                          | ▶  |  |   |   |  |  |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . .                   | ▶  | 277,696.   | 268.  | 0.                                      | 58,367.  |  |  |

**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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 60,550.               | 60,550.                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0.                    | 0.                              |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  | 0.                    | 0.                              |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>7</b> Other salaries and wages . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>9</b> Other employee benefits . . . . .  | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>10</b> Payroll taxes . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 393.                  | 0.                              | 393.                                   | 0.                          |
| <b>b</b> Legal . . . . .  | 717.                  | 0.                              | 717.                                   | 0.                          |
| <b>c</b> Accounting . . . . .   | 800.                  | 0.                              | 800.                                   | 0.                          |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   | 134.                  | 0.                              | 134.                                   | 0.                          |
| <b>13</b> Office expenses . . . . .   | 609.                  | 0.                              | 609.                                   | 0.                          |
| <b>14</b> Information technology . . . . .  | 480.                  | 0.                              | 480.                                   | 0.                          |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>17</b> Travel . . . . .  |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| <b>23</b> Insurance . . . . .   | 0.                    | 0.                              | 0.                                     | 0.                          |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> Middle School Math Aide . . . . .  | 1,996.                | 1,996.                          | 0.                                     | 0.                          |
| <b>b</b> Dolly Parton's Imagination Library . . . . .   | 1,315.                | 1,315.                          | 0.                                     | 0.                          |
| <b>c</b> Learning Academy Expenses . . . . .  | 85,506.               | 85,506.                         | 0.                                     | 0.                          |
| <b>d</b> . . . . .  |                       |                                 |  |                             |
| <b>e</b> All other expenses . . . . .   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 152,500.              | 149,367.                        | 3,133.                                 | 0.                          |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                          | <b>1</b>  |                    |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 234,372.                 | <b>2</b>  | 359,744.           |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>  |                    |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |                          | <b>5</b>  |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>  |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>               |           |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b>               |           | <b>10c</b>         |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b> |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 234,372.   | <b>16</b>                | 359,744.  |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b> |                    |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b> |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                          | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b> |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .  |                          | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | <b>26</b> |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .  |                          | <b>27</b> |                    |
|   | <b>28</b> Temporarily restricted net assets . . . . .  |                          | <b>28</b> |                    |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                          | <b>29</b> |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>   |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   | 234,372.                 | <b>32</b> | 359,744.           |
| <b>33</b> Total net assets or fund balances . . . . .                         | 234,372.   | <b>33</b>                | 359,744.  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 234,372.   | <b>34</b>                | 359,744.  |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 277,696. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 152,500. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 125,196. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 234,372. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |          |
| <b>7</b>  | Investment expenses  | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 176.     |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 359,744. |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | X  |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     | X  |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

|   |  |
|---|--|
| Name of the organization<br>Basic Assistance to Students in the Community (BASIC) | Employer identification number<br>33-0631683 |
|---|--|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 38,783.  | 59,791.  | 166,194. | 172,505. | 219,061. | 656,334.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 38,783.  | 59,791.  | 166,194. | 172,505. | 219,061. | 656,334.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 656,334.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 38,783.  | 59,791.  | 166,194. | 172,505. | 219,061.  | 656,334.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 11.      | 13.      | 84.      | 231.     | 268.      | 607.                     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  | 17,312.  | 15,826.  | 19,367.  | 7,814.   | 58,367.   | 118,686.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           | 775,627.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 84.62 %                             |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 99.92 %                             |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .                         | <b>18</b> | % |

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 3b  | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| 4c  | 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)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 9b  | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>  |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> 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? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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 <b>Part VI</b> 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. | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | <b>2</b> |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |  |
|---|-----------|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> 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 <b>Part VI</b> 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. | <b>2a</b> |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | <b>2b</b> |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> 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 <b>Part VI</b> .   | <b>3a</b> |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | <b>3b</b> |  |

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> 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) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b>  |                |                             |
| <b>Section B—Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C—Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1.   | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>  |                |                             |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |           |                |                             |



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

| Section D—Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013 . . . . .   |                             |  |   |
| <b>b</b> From 2014 . . . . .   |                             |  |   |
| <b>c</b> From 2015 . . . . .   |                             |  |   |
| <b>d</b> From 2016 . . . . .   |                             |  |   |
| <b>e</b> From 2017 . . . . .   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014 . . . . .  |                             |  |   |
| <b>b</b> Excess from 2015 . . . . .  |                             |  |   |
| <b>c</b> Excess from 2016 . . . . .  |                             |  |   |
| <b>d</b> Excess from 2017 . . . . .  |                             |  |   |
| <b>e</b> Excess from 2018 . . . . .  |                             |  |   |



# Schedule of Contributors

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

|  |  |
|--|--|
| Name of the organization<br><u>Basic Assistance to Students in the Community (BASIC)</u> | Employer identification number<br>33-0631683 |
|--|--|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br>Basic Assistance to Students in the Community (BASIC) | Employer identification number<br>33-0631683 |
|---|--|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | Stuart McFarland<br>5225 Clemens Court<br>Carlsbad CA 920084606                   | \$ 5,250.                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Jenny and Bill Wright<br>P.O. Box 550<br>Borrego Springs CA 920040550             | \$ 15,000.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Curt Yaws<br>1359 Nightshade Road<br>Carlsbad CA 92011                            | \$ 11,500.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Borrego Springs Civic Foundation<br>P.O. Box 1164<br>Borrego Springs CA 920041164 | \$ 7,000.                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Borrego Valley Endowment Fund<br>P.O. Box 2714<br>Borrego Springs CA 920042714    | \$ 16,000.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | David Copley Foundation<br>2251 San Diego Avenue, Ste A-238<br>San Diego CA 92110 | \$ 20,000.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>Basic Assistance to Students in the Community (BASIC) | Employer identification number<br>33-0631683 |
|---|--|

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | Fidelity Charitable<br>P.O. Box 77001<br>Cincinnati OH 45277                                     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | Greater Kansas City Community Foundation<br>1055 Broadway Blvd., Ste 130<br>Kansas City MO 64105 | \$ 7,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | Richard Brooke Foundation<br>17310 Wright Street, Ste 202<br>Omaha NE 68130                      | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | Umpqua Bank Charitable Foundation<br>1 SW Columbia Street, Ste 1200<br>Portland OR 97258         | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | Wells Fargo Advisor<br>One North Jefferson<br>Saint Louis MO 63103                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | Walter J & Betty C Zable Foundation<br>10731 Treena Street, Ste 102<br>San Diego CA 921311040    | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| Name of organization<br><b>Basic Assistance to Students in the Community (BASIC)</b> | Employer identification number<br><b>33-0631683</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | County of San Diego Community Enhancement & Neighborhood Reinvestment Programs<br>1600 Pacific Highway, Suite 166, ATTN: Ebony Shelton<br>San Diego CA 921012422 | \$ 19,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | Timothy Cohelan<br>605 C. Street Ste 200<br>San Diego CA 92101   | \$ 6,700.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>Basic Assistance to Students in the Community (BASIC)</b> | <b>Employer identification number</b><br>33-0631683 |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| <b>(a) No.<br/>from<br/>Part I</b> | <b>(b)<br/>Description of noncash property given</b> | <b>(c)<br/>FMV (or estimate)<br/>(See instructions.)</b> | <b>(d)<br/>Date received</b> |
|------------------------------------|--|--|------------------------------|
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |

|  |   |
|--|---|
| Name of organization<br><b>Basic Assistance to Students in the Community (BASIC)</b> | Employer identification number<br><b>33-0631683</b> |
|--|---|

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>Basic Assistance to Students in the Community (BASIC)</b> | Employer identification number<br><b>33-0631683</b> |
|--|---|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| <b>1</b>  |               |  |    |                                   |   |   |
| <b>2</b>  |               |  |    |                                   |   |   |
| <b>3</b>  |               |  |    |                                   |   |   |
| <b>4</b>  |               |  |    |                                   |   |   |
| <b>5</b>  |               |  |    |                                   |   |   |
| <b>6</b>  |               |  |    |                                   |   |   |
| <b>7</b>  |               |  |    |                                   |   |   |
| <b>8</b>  |               |  |    |                                   |   |   |
| <b>9</b>  |               |  |    |                                   |   |   |
| <b>10</b>   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1<br>Circle of Art<br>(event type) | (b) Event #2<br>Golf Tournament<br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|---|---|--|--|
| Revenue  | <b>1</b> Gross receipts . . . . .   | 27,737.                                       | 51,864.   |  | 79,601.  |
|  | <b>2</b> Less: Contributions . . . . .  |   |   |  |  |
|  | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 27,737.                                       | 51,864.   |  | 79,601.  |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |   |   |  |  |
|  | <b>5</b> Noncash prizes . . . . .   |   |   |  |  |
|  | <b>6</b> Rent/facility costs . . . . .  | 2,270.  |   |  | 2,270.   |
|  | <b>7</b> Food and beverages . . . . .   | 1,210.  | 10,279.   |  | 11,489.  |
|  | <b>8</b> Entertainment . . . . .  | 400.  |   |  | 400.   |
|  | <b>9</b> Other direct expenses . . . . .  | 6,469.  | 606.  |  | 7,075.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |   |   |  | 21,234.  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |   |   | 58,367.                                    |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |   |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  **Yes**  **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  **Yes**  **No**

- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  **Yes**  **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                   Employee                   Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  **Yes**  **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Basic Assistance to Students in the Community (BASIC)

Employer identification number

33-0631683

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1)   |                |  |                                 |  |  |  |   |
| (2)   |                |  |                                 |  |  |  |   |
| (3)   |                |  |                                 |  |  |  |   |
| (4)   |                |  |                                 |  |  |  |   |
| (5)   |                |  |                                 |  |  |  |   |
| (6)   |                |  |                                 |  |  |  |   |
| (7)   |                |  |                                 |  |  |  |   |
| (8)   |                |  |                                 |  |  |  |   |
| (9)   |                |  |                                 |  |  |  |   |
| (10)  |                |  |                                 |  |  |  |   |
| (11)  |                |  |                                 |  |  |  |   |
| (12)  |                |  |                                 |  |  |  |   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ .....
- 3** Enter total number of other organizations listed in the line 1 table ▶ .....

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

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance         | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Education Grants(Cradle 2 Graduation) | 42                       | 60,550.                  |                                  |   |                                       |
| 2                                       |                          |                          |                                  |   |                                       |
| 3                                       |                          |                          |                                  |   |                                       |
| 4                                       |                          |                          |                                  |   |                                       |
| 5                                       |                          |                          |                                  |   |                                       |
| 6                                       |                          |                          |                                  |   |                                       |
| 7                                       |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Basic Assistance to Students in the Community (BASIC)

Employer identification number

33-0631683

Pt VI, Line 19: BASIC's Governing Documents and Financial Statements are available  
to the public during the tax year via BASIC's website URL [www.borregobasic.org](http://www.borregobasic.org).

Pt VI, Line 11b: BASIC's Financial Statements and Form 990 are available to  
members of the Governing Board during the tax year via official meetings and  
BASIC's website URL [www.borregobasic.org](http://www.borregobasic.org).

Pt XI: Prior Year Adjustment, Part XI, Line 8, required a \$-24 adjustment on  
2018 Form 990 due to prior year adjustment on 2017 Form 990EZ, Part I, Line 20  
of \$-27. Only \$-24 adjustment needed on 2018 Form 990 due to rounding of expense  
dollar amounts.

Pt XI: Prior Year Adjustment, Part XI, Line 8, required a \$200 adjustment on  
2018 Form 990 due to prior year exclusion of Petty Cash Fund kept exclusively  
for making change during the Circle of Art fund raiser. The \$200 amount never  
changes since it is only used for making change and is kept in a secured cash  
box.

Pt III, Line 4d:

Expenses: \$1,996 including grants of: \$0 Revenue: \$1,996

Description: BASIC supported an in-classroom math aide for Middle School students.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2018, or fiscal year beginning May 1, 2018, and ending Apr 30, 20 19

Department of the Treasury  
Internal Revenue Service

**▶ Do not send to the IRS. Keep for your records.**  
**▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2018**

Name of exempt organization Basic Assistance to Students in the Community (BASIC) Employer identification number 33-0631683

Name and title of officer Joanne S Ingwall, CFO

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|   |  |                           |
|---|--|---------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . . | <b>1b</b> <u>277,696.</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                      | <b>2b</b> _____           |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                | <b>3b</b> _____           |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .     | <b>4b</b> _____           |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b Balance Due</b> (Form 8868, line 3c) . . . . .                                  | <b>5b</b> _____           |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MNRemy Tax and Accounting Solutions to enter my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 1 | 6 | 8 | 3 |
|---|---|---|---|---|

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 06/17/2019

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 3 | 6 | 7 | 4 | 0 | 0 | 7 | 7 | 3 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 06/17/2019

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

## Additional information from your 2018 Federal Exempt Tax Return

### Form 990: Return of Organization Exempt from Income Tax

#### Pt I, Ln 6, # Volunteers

#### Itemization Statement

| Description                       | Amount    |
|-----------------------------------|-----------|
| Golf Tournament FY18 (8)          | 8         |
| Summer Learning Academy FY18 (15) | 15        |
| Circle of Art FY18 (6)            | 6         |
| Dolly Parton FY18 (1)             | 1         |
| <b>Total</b>                      | <b>30</b> |

### Form 990: Return of Organization Exempt from Income Tax

#### Line 4a Expenses

#### Itemization Statement

| Description                                 | Amount         |
|---|----------------|
| 607 Williamson Memorial Scholarship \$2000  | 2,000.         |
| 617 PEO Scholarship \$300                   | 300.           |
| 619 Scholarships Awarded FY2019 \$37,750    | 37,750.        |
| 623 Goldsmith Scholarship \$18,000          | 18,000.        |
| 624 Schmitt Scholarship \$500               | 500.           |
| 626 McFarlane Family Scholarship \$1000     | 1,000.         |
| 627 McFarlane Automotive Scholarship \$1000 | 1,000.         |
| <b>Total</b>                                | <b>60,550.</b> |

### Form 990: Return of Organization Exempt from Income Tax

#### Line 4b Expenses

#### Itemization Statement

| Description                               | Amount         |
|---|----------------|
| 690 Learning Academy \$13,500             | 13,500.        |
| 692 Learning Academy Manpower \$46,943.68 | 46,944.        |
| 693 Learning Academy Food \$11,051.74     | 11,052.        |
| 695 Learning Academy General \$2023.46    | 2,023.         |
| 696 Learning Academy Facilities \$2675    | 2,675.         |
| 697 Learning Academy Supplies \$9312.51   | 9,312.         |
| <b>Total</b>                              | <b>85,506.</b> |

### Form 990: Return of Organization Exempt from Income Tax

#### Line 4b Revenue

#### Itemization Statement

| Description  | Amount          |
|--|-----------------|
| 482 GIK to reduce cost of Learning Academy \$13,500    | 13,500.         |
| 457 Learning Academy \$99,525                          | 99,525.         |
| 480 Learning Academy Food \$11,000                     | 11,000.         |
| 481 Learning Academy Supplies \$9000 (SD County Grant) | 9,000.          |
| <b>Total</b>   | <b>133,025.</b> |

**Form 990: Return of Organization Exempt from Income Tax**

**Line 4c Expenses**

**Itemization Statement**

| Description                        | Amount        |
|------------------------------------|---------------|
| 670 Dollywood Foundation \$1314.88 | 1,315.        |
| <b>Total</b>                       | <b>1,315.</b> |

**Form 990: Return of Organization Exempt from Income Tax**

**Line 4c Revenue**

**Itemization Statement**

| Description     | Amount        |
|-----------------|---------------|
| 454 DPIL \$2025 | 2,025.        |
| <b>Total</b>    | <b>2,025.</b> |

**Form 990: Return of Organization Exempt from Income Tax**

**Gross income fundraising**

**Itemization Statement**

| Description                                   | Amount         |
|---|----------------|
| 800 Golf Tournament:                          |                |
| 801 Hole Sponsorship \$2000                   | 2,000.         |
| 802 Golf Tournament-Dinner Only \$4575        | 4,575.         |
| 803 Golf Tournament-Golf & Dinner \$9600      | 9,600.         |
| 804 Donations Associated with GT \$2425       | 2,425.         |
| 805 Silent Auction \$4370                     | 4,370.         |
| 806 Live Auction \$28,310                     | 28,310.        |
| 807 GIK Assoc w/Golf Tournament \$584.28      | 584.           |
| 460 Circle of Art Income(COA):                |                |
| 461 COA Poster Sales-Retail \$2898.94         | 2,899.         |
| 462 COA Poster Sales-Wholesale \$925          | 925.           |
| 463 COA Artists-Space Rent Fees \$7875        | 7,875.         |
| 464 COA Artist Jury Fees \$160                | 160.           |
| 466 GIK to reduce cost of COA \$402.84        | 403.           |
| 467 COA Food Vendors Space Rent \$800         | 800.           |
| 442 COA Commissions, Artist Sales \$14,674.92 | 14,675.        |
| <b>Total</b>                                  | <b>79,601.</b> |

**Form 990: Return of Organization Exempt from Income Tax**

**Line 8b Direct Expenses**

**Itemization Statement**

| Description                                  | Amount |
|--|--------|
| 501 Cost of Sales COA                        |        |
| 502 Poster & Poster Booth Expenses \$2382.63 | 2,383. |
| 504 Advertising & Publicity COA \$631.60     | 632.   |
| 505 Music \$400                              | 400.   |
| 506 Maintenance & Security \$847.90          | 848.   |
| 508 Insurance-Special Events \$1078          | 1,078. |
| 509 Sales Tax on Posters \$388               | 388.   |
| 510 Supplies-Special Event \$135.80          | 136.   |

**Form 990: Return of Organization Exempt from Income Tax****Line 8b Direct Expenses****Itemization Statement**

| Description                                       | Amount         |
|---|----------------|
| 511 Food Supplies-Artists \$1,209.59              | 1,210.         |
| 512 Christmas Circle Rent \$2000                  | 2,000.         |
| 513 Supplies General \$123.76                     | 124.           |
| 522 Rental of Tables & Chairs \$270               | 270.           |
| 671 Fundraising Annual Ask Letter \$605.88        | 606.           |
| 625 Outside Contract Services \$880               | 880.           |
| 673 Golf Tournament (Food for dinner) \$10,278.73 | 10,279.        |
| <b>Total</b>                                      | <b>21,234.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 2 col (B)****Itemization Statement**

| Description                                 | Amount         |
|---|----------------|
| 600 BASIC Grants/Donations:                 |                |
| 607 Williamson Memorial Scholarship \$2000  | 2,000.         |
| 617 PEO Scholarships \$300                  | 300.           |
| 619 Scholarships Awarded FY 2019 \$37,750   | 37,750.        |
| 623 Goldsmith Scholarship \$18,000          | 18,000.        |
| 624 Schmidt Scholarship \$500               | 500.           |
| 626 McFarlane Family Scholarship \$1000     | 1,000.         |
| 627 McFarlane Automotive Scholarship \$1000 | 1,000.         |
| <b>Total</b>                                | <b>60,550.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 11a col (C)****Itemization Statement**

| Description                               | Amount      |
|---|-------------|
| 662 Membership & Dues \$100               | 100.        |
| 663 Other Costs \$293.64 (Misc. Expenses) | 293.        |
| <b>Total</b>                              | <b>393.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 11b col (C)****Itemization Statement**

| Description                          | Amount      |
|--------------------------------------|-------------|
| 651 Insurance D&O \$600              | 600.        |
| 652 Licenses, Permits, Fees \$117.33 | 117.        |
| <b>Total</b>                         | <b>717.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 11c col (C)****Itemization Statement**

| Description          | Amount      |
|----------------------|-------------|
| 621 Accounting \$800 | 800.        |
| <b>Total</b>         | <b>800.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 12 col (C)****Itemization Statement**

| Description                     | Amount      |
|---------------------------------|-------------|
| 654 Printing & Copying \$134.53 | 134.        |
| <b>Total</b>                    | <b>134.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 13 col (C)****Itemization Statement**

| Description                             | Amount      |
|---|-------------|
| 653 Postage & Mailing Service \$465.66  | 465.        |
| 655 Supplies & Small Equipment \$144.35 | 144.        |
| <b>Total</b>                            | <b>609.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Line 14 col (C)****Itemization Statement**

| Description                | Amount      |
|----------------------------|-------------|
| 665 Website BASIC \$480.51 | 480.        |
| <b>Total</b>               | <b>480.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (1)****Line 24 col (B)****Itemization Statement**

| Description                           | Amount        |
|---------------------------------------|---------------|
| 675 Middle School Math Aide \$1995.50 | 1,996.        |
| <b>Total</b>                          | <b>1,996.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (2)****Line 24 col (B)****Itemization Statement**

| Description                        | Amount        |
|------------------------------------|---------------|
| 670 Dollywood Foundation \$1314.88 | 1,315.        |
| <b>Total</b>                       | <b>1,315.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (3)****Line 24 col (B)****Itemization Statement**

| Description                              | Amount  |
|--|---------|
| 680 Programs:                            |         |
| 690 Reading Academy \$13,500             | 13,500. |
| 692 Reading Academy Manpower \$46,943.68 | 46,944. |
| 693 Reading Academy Food \$11,051.74     | 11,052. |
| 695 Reading Academy General \$2023.46    | 2,023.  |
| 696 Reading Academy Facilities \$2675    | 2,675.  |
| 697 Reading Academy \$9312.51            | 9,312.  |

**Form 990: Return of Organization Exempt from Income Tax****Part IX Line 24 (continued) (3)****Line 24 col (B)****Itemization Statement**

| Description  | Amount         |
|--------------|----------------|
| <b>Total</b> | <b>85,506.</b> |

**Form 990: Return of Organization Exempt from Income Tax****Part XI, Line 8****Itemization Statement**

| Description  | Amount      |
|--|-------------|
| \$200 Adjustment Petty Cash Fund used only to<br>make change during the Circle of Art Fund Raiser<br>Entry not included on 2017 990EZ              | 200.        |
| 2017 Form 990EZ \$-27 adjustment Part I, Line 20<br>Only \$-24 adjustment needed on 2018 Form 990<br>due to rounding up of numbers when .50/higher | -24.        |
| <b>Total</b>   | <b>176.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 Gross Receipts****Itemization Statement**

| Description                                       | Amount         |
|---|----------------|
| 442 COA Commissions from Artist Sales \$14,674.92 | 14,675.        |
| 461 COA Poster Sales-Retail \$2898.94             | 2,899.         |
| 462 COA Poster Sales-Wholesale \$925              | 925.           |
| 463 COA Artist Space Rent Fees \$7875             | 7,875.         |
| 464 COA Artist Jury Fees \$160                    | 160.           |
| 466 GIK to reduce cost of COA \$402.84            | 403.           |
| 467 COA Food Vendors Space Rental \$800           | 800.           |
| <b>Total</b>                                      | <b>27,737.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 2 Gross Receipts****Itemization Statement**

| Description   | Amount         |
|---|----------------|
| 801 Hole Sponsorship \$2000                         | 2,000.         |
| 802 Golf Tournament-Dinner Only \$4575              | 4,575.         |
| 803 Golf Tournament-Golf & Dinner \$9600            | 9,600.         |
| 804 Donation Associated with Golf Tournament \$2425 | 2,425.         |
| 805 Income Silent Auction \$4370                    | 4,370.         |
| 806 Income Live Auction \$28310                     | 28,310.        |
| 807 GIK Associated with Golf Tournament \$584.28    | 584.           |
| <b>Total</b>  | <b>51,864.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 rent/fac. costs****Itemization Statement**

| Description                         | Amount        |
|-------------------------------------|---------------|
| 512 Christmas Circle Rent \$2000    | 2,000.        |
| 522 Rental of Tables & Chairs \$270 | 270.          |
| <b>Total</b>                        | <b>2,270.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 food****Itemization Statement**

| Description                         | Amount        |
|-------------------------------------|---------------|
| 511 Food Supplies-Artists \$1209.59 | 1,210.        |
| <b>Total</b>                        | <b>1,210.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 2 food****Itemization Statement**

| Description                               | Amount         |
|---|----------------|
| 673 Golf Tournament (Banquet) \$10,278.73 | 10,279.        |
| <b>Total</b>                              | <b>10,279.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 entertainment****Itemization Statement**

| Description     | Amount      |
|-----------------|-------------|
| 505 Music \$400 | 400.        |
| <b>Total</b>    | <b>400.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 1 Other Direct Exp.****Itemization Statement**

| Description                                  | Amount        |
|--|---------------|
| 502 Poster & Poster Booth Expenses \$2382.63 | 2,383.        |
| 504 Advertising & Publicity \$631.60         | 632.          |
| 506 Maintenance & Security \$847.90          | 848.          |
| 508 Insurance Special Events \$1078          | 1,078.        |
| 509 Sales Tax on Posters \$388               | 388.          |
| 510 Supplies-Special Event \$135.80          | 136.          |
| 513 Supplies-General \$123.76                | 124.          |
| 625 Outside Contract Services \$880          | 880.          |
| <b>Total</b>                                 | <b>6,469.</b> |

**Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities****Event 2 Other Direct Exp.****Itemization Statement**

| Description  | Amount      |
|--|-------------|
| 671 Fundraising Expense Annual Ask Letter \$605.88 | 606.        |
| <b>Total</b>                                       | <b>606.</b> |



California Exempt Organization Annual Information Return

2018

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 05-01-2018, and ending (mm/dd/yyyy) 04-30-2019

Corporation/Organization name BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY (BASIC) California corporation number 1843734

Additional information. See instructions. FEIN 330631683

Street address (suite or room) PO BOX 1914 City BORREGO SPRINGS State CA Zip code 920041914

- A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17).

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: MARK N. REMY, Title: CFO, Date: 06-15-2019, Telephone: (617) 686-8065. Paid Preparer's Use Only: Firm's name: MNREMY TAX AND ACCOUNTING SOLUTIONS, Address: 320 ONAGER DRIVE BOX 173, BORREGO SPRINGS CA 92004-0173, Telephone: (619) 379-0700.

May the FTB discuss this return with the preparer shown above? See instructions Yes X No

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

|                                    |                                   |  |                                    |    |         |    |
|------------------------------------|-----------------------------------|--|------------------------------------|----|---------|----|
| <b>Receipts from Other Sources</b> | 1                                 | Gross sales or receipts from all business activities. See instructions . . . . .   | ●                                  | 1  |         | 00 |
|                                    | 2                                 | Interest . . . . .   | ●                                  | 2  |         | 00 |
|                                    | 3                                 | Dividends . . . . .  | ●                                  | 3  |         | 00 |
|                                    | 4                                 | Gross rents . . . . .  | ●                                  | 4  |         | 00 |
|                                    | 5                                 | Gross royalties . . . . .  | ●                                  | 5  |         | 00 |
|                                    | 6                                 | Gross amount received from sale of assets (See Instructions) . . . . .   | ●                                  | 6  |         | 00 |
|                                    | 7                                 | Other income. Attach schedule . . . . . See Stmt   | ●                                  | 7  | 79,869  | 00 |
|                                    | 8                                 | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . . | ●                                  | 8  | 79,869  | 00 |
|                                    | 9                                 | Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . See Stmt   | ●                                  | 9  | 60,550  | 00 |
|                                    | 10                                | Disbursements to or for members . . . . .  | ●                                  | 10 | 0       | 00 |
|                                    | 11                                | Compensation of officers, directors, and trustees. Attach schedule . . . . . See Stmt  | ●                                  | 11 | 0       | 00 |
|                                    | <b>Expenses and Disbursements</b> | 12   | Other salaries and wages . . . . . | ●  | 12      | 0  |
| 13                                 |                                   | Interest . . . . .   | ●                                  | 13 |         | 00 |
| 14                                 |                                   | Taxes . . . . .  | ●                                  | 14 |         | 00 |
| 15                                 |                                   | Rents . . . . .  | ●                                  | 15 |         | 00 |
| 16                                 |                                   | Depreciation and depletion (See instructions) . . . . .  | ●                                  | 16 |         | 00 |
| 17                                 |                                   | Other Expenses and Disbursements. Attach schedule . . . . . See Stmt   | ●                                  | 17 | 113,184 | 00 |
| 18                                 |                                   | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .                | ●                                  | 18 | 173,734 | 00 |

| <b>Schedule L Balance Sheet</b>                                |            | <b>Beginning of taxable year</b> |            | <b>End of taxable year</b> |         |
|--|------------|----------------------------------|------------|----------------------------|---------|
| <b>Assets</b>  | <b>(a)</b> | <b>(b)</b>                       | <b>(c)</b> | <b>(d)</b>                 |         |
| 1 Cash . . . . .   |            | 234,372                          |            | ●                          | 359,744 |
| 2 Net accounts receivable . . . . .                            |            |                                  |            | ●                          |         |
| 3 Net notes receivable . . . . .                               |            |                                  |            | ●                          |         |
| 4 Inventories . . . . .  |            |                                  |            | ●                          |         |
| 5 Federal and state government obligations . . . . .           |            |                                  |            | ●                          |         |
| 6 Investments in other bonds . . . . .                         |            |                                  |            | ●                          |         |
| 7 Investments in stock . . . . .                               |            |                                  |            | ●                          |         |
| 8 Mortgage loans . . . . .                                     |            |                                  |            | ●                          |         |
| 9 Other investments. Attach schedule . . . . .                 |            |                                  |            | ●                          |         |
| 10 a Depreciable assets . . . . .                              |            |                                  |            |                            |         |
| b Less accumulated depreciation . . . . .                      | ( )        |                                  | ( )        |                            |         |
| 11 Land . . . . .  |            |                                  |            | ●                          |         |
| 12 Other assets. Attach schedule . . . . .                     |            |                                  |            | ●                          |         |
| 13 <b>Total assets</b> . . . . .                               |            | 234,372                          |            |                            | 359,744 |
| <b>Liabilities and net worth</b>                               |            |                                  |            |                            |         |
| 14 Accounts payable . . . . .                                  |            |                                  |            | ●                          |         |
| 15 Contributions, gifts, or grants payable . . . . .           |            |                                  |            | ●                          |         |
| 16 Bonds and notes payable . . . . .                           |            |                                  |            | ●                          |         |
| 17 Mortgages payable . . . . .                                 |            |                                  |            | ●                          |         |
| 18 Other liabilities. Attach schedule . . . . .                |            |                                  |            |                            |         |
| 19 Capital stock or principal fund . . . . .                   |            |                                  |            | ●                          |         |
| 20 Paid-in or capital surplus. Attach reconciliation . . . . . |            |                                  |            | ●                          |         |
| 21 Retained earnings or income fund . . . . .                  |            | 234,372                          |            | ●                          | 359,744 |
| 22 <b>Total liabilities and net worth</b> . . . . .            |            | 234,372                          |            |                            | 359,744 |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                         |   |         |  |         |
|---|---|---------|--|---------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 |   |         |  |         |
| 1 Net income per books . . . . .  | ● | 125,196 | 7 Income recorded on books this year not included in this return. Attach schedule . . . . .      | ●       |
| 2 Federal income tax . . . . .  | ● |         | 8 Deductions in this return not charged against book income this year. Attach schedule . . . . . | ●       |
| 3 Excess of capital losses over capital gains . . . . .   | ● |         | 9 Total. Add line 7 and line 8 . . . . .   |         |
| 4 Income not recorded on books this year. Attach schedule . . . . .                                   | ● |         | 10 Net income per return. Subtract line 9 from line 6 . . . . .                                  |         |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .         | ● |         |  |         |
| 6 Total. Add line 1 through line 5 . . . . .  |   | 125,196 |  | 125,196 |

**Voucher at bottom of page.**

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

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

**WHERE TO FILE:**

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

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

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

**WHEN TO FILE:**

**Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.**

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

**Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.**

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

**ONLINE SERVICES:**

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

— — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — — DETACH HERE — —

**CAUTION:** You may be required to pay electronically, see instructions.

REV 12/13/18 PRO

TAXABLE YEAR

CALIFORNIA FORM

**2018**

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

**3586 (e-file)**

1843734 BASI 33-0631683 000000000000 18 FORM 3  
TYB 05-01-2018 TYE 04-30-2019  
BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY BASIC

PO BOX 1914  
BORREGO SPRINGS CA 92004-1914

(617) 686-8065

Amount of Payment 10.

|              |  |                |
|--------------|--|----------------|
| TAXABLE YEAR | <b>California e-file Return Authorization for Exempt Organizations</b> | FORM           |
| <b>2018</b>  |  | <b>8453-E0</b> |

|   |                                  |
|---|----------------------------------|
| Exempt Organization name<br>BASIC ASSISTANCE TO STUDENTS IN THE COMMUNITY (BASIC) | Identifying number<br>33-0631683 |
|---|----------------------------------|

**Part I Electronic Return Information** (whole dollars only)

|   |          |          |
|---|----------|----------|
| 1 Total gross receipts (Form 199, line 4) .....             | <b>1</b> | 298,930. |
| 2 Total gross income (Form 199, line 8) .....               | <b>2</b> | 298,930. |
| 3 Total expenses and disbursements (Form 199, Line 9) ..... | <b>3</b> | 173,734. |

**Part II Settle Your Account Electronically for Taxable Year 2018**

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_  
 6 Account number \_\_\_\_\_      7 Type of account:     Checking     Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

|                  |  |      |  |       |
|------------------|--|------|--|-------|
| <b>Sign Here</b> |  | Date |  | Title |
|------------------|--|------|--|-------|

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |   |                    |  |  |                         |
|----------------------|---|--------------------|--|--|-------------------------|
| <b>ERO Must Sign</b> |   | Date<br>06/17/2019 | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input checked="" type="checkbox"/> | ERO's PTIN<br>P00975690 |
|                      | Firm's name (or yours if self-employed) and address<br>MNREMY TAX AND ACCOUNTING SOLUTIONS<br>P.O. BOX 173, BORREGO SPRINGS, CA |                    |  | FEIN   | ZIP code<br>92004-0173  |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                                |   |                    |  |                                   |
|--------------------------------|---|--------------------|--|-----------------------------------|
| <b>Paid Preparer Must Sign</b> |   | Date<br>06/17/2019 | Check if self-employed <input checked="" type="checkbox"/> | Paid preparer's PTIN<br>P00975690 |
|                                | Firm's name (or yours if self-employed) and address<br>MARK N. REMY<br>320 ONAGER DRIVE BOX 173 BORREGO SPRINGS, CA |                    | FEIN   | ZIP code<br>92004-0173            |

## Additional information from your 2018 California Exempt Organization Business

### Form 199: CA Exempt Organization Annual Information

#### Part II, Other Income (2)

##### Line 9 Amount

##### Itemization Statement

| Description                                   | Amount        |
|---|---------------|
| 800 Golf Tournament:                          |               |
| 801 Hole Sponsorship \$2000                   | 2,000         |
| 802 Golf Tournament-Dinner Only \$4575        | 4,575         |
| 803 Golf Tournament-Golf & Dinner \$9600      | 9,600         |
| 804 Donations Associated with GT \$2425       | 2,425         |
| 805 Silent Auction \$4370                     | 4,370         |
| 806 Live Auction \$28,310                     | 28,310        |
| 807 GIK Assoc w/Golf Tournament \$584.28      | 584           |
| 460 Circle of Art Income(COA):                |               |
| 461 COA Poster Sales-Retail \$2898.94         | 2,899         |
| 462 COA Poster Sales-Wholesale \$925          | 925           |
| 463 COA Artists-Space Rent Fees \$7875        | 7,875         |
| 464 COA Artist Jury Fees \$160                | 160           |
| 466 GIK to reduce cost of COA \$402.84        | 403           |
| 467 COA Food Vendors Space Rent \$800         | 800           |
| 442 COA Commissions, Artist Sales \$14,674.92 | 14,675        |
| <b>Total</b>                                  | <b>79,601</b> |

### Form 199: CA Exempt Organization Annual Information

#### Part II, Expenses (1)

##### Line 17 Amount

##### Itemization Statement

| Description                                       | Amount |
|---|--------|
| 501 Cost of Sales COA                             |        |
| 502 Poster & Poster Booth Expenses \$2382.63      | 2,383  |
| 504 Advertising & Publicity COA \$631.60          | 632    |
| 505 Music \$400                                   | 400    |
| 506 Maintenance & Security \$847.90               | 848    |
| 508 Insurance-Special Events \$1078               | 1,078  |
| 509 Sales Tax on Posters \$388                    | 388    |
| 510 Supplies-Special Event \$135.80               | 136    |
| 511 Food Supplies-Artists \$1,209.59              | 1,210  |
| 512 Christmas Circle Rent \$2000                  | 2,000  |
| 513 Supplies General \$123.76                     | 124    |
| 522 Rental of Tables & Chairs \$270               | 270    |
| 671 Fundraising Annual Ask Letter \$605.88        | 606    |
| 625 Outside Contract Services \$880               | 880    |
| 673 Golf Tournament (Food for dinner) \$10,278.73 | 10,279 |

**Form 199: CA Exempt Organization Annual Information  
Part II, Expenses (1)**

**Line 17 Amount**

**Itemization Statement**

| Description  | Amount        |
|--------------|---------------|
| <b>Total</b> | <b>21,234</b> |

**Form 199: CA Exempt Organization Annual Information  
Part II, Other Income**

**Continuation Statement**

| Description  | Amount        |
|--|---------------|
| INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS |               |
| INCOME FROM FUNDRAISING EVENTS                     | 79,601        |
| INCOME FROM GAMING ACTIVITIES                      |               |
| INVESTMENT INCOME                                  | 268           |
| <b>Total</b>                                       | <b>79,869</b> |

**Form 199: CA Exempt Organization Annual Information  
Part II, Contributions**

**Continuation Statement**

| Description   | Amount        |
|---|---------------|
| GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS                       | 60,550        |
| GRANTS AND OTHER ASSISTANCE TO FOREIGN ORGS., GOVERNMENTS AND INDIVIDUALS | 0             |
| <b>Total</b>  | <b>60,550</b> |

**Form 199: CA Exempt Organization Annual Information  
Part II, Compensation**

**Continuation Statement**

| Description     | Amount   |
|-----------------|----------|
| BARBARA COATES  | 0        |
| JOANNE INGWALL  | 0        |
| CURT YAWS       | 0        |
| ANNE BOGARDT    | 0        |
| MARTHA DIECHLER | 0        |
| JACQUE GOODRICH | 0        |
| VICKIE GOODRICH | 0        |
| LORRY SEAGRIM   | 0        |
| JOANN STANG     | 0        |
| ANDREA TAYLOR   | 0        |
| SUSAN VESCERA   | 0        |
| ANGELA CASSIDY  | 0        |
| URMI RAY        | 0        |
| <b>Total</b>    | <b>0</b> |

**Form 199: CA Exempt Organization Annual Information  
Part II, Expenses****Continuation Statement**

| Description                        | Amount         |
|------------------------------------|----------------|
| EXPENSES FROM FUNDRAISING EVENTS   | 21,234         |
| PENSION PLAN CONTRIBUTIONS         | 0              |
| OTHER EMPLOYEE BENEFITS            | 0              |
| MANAGEMENT                         | 393            |
| LEGAL                              | 717            |
| ACCOUNTING                         | 800            |
| ADVERTISING AND PROMOTION          | 134            |
| OFFICE EXPENSES                    | 609            |
| INFORMATION TECHNOLOGY             | 480            |
| PAYMENTS TO AFFILIATES             | 0              |
| INSURANCE                          | 0              |
| MIDDLE SCHOOL MATH AIDE            | 1,996          |
| DOLLY PARTON'S IMAGINATION LIBRARY | 1,315          |
| LEARNING ACADEMY EXPENSES          | 85,506         |
| <b>Total</b>                       | <b>113,184</b> |

# Schedule of Contributors

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

|  |   |
|--|---|
| Name of the organization<br><u>Basic Assistance to Students in the Community (BASIC)</u> | Employer identification number<br><u>33-0631683</u> |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



|   |  |
|---|--|
| Name of organization<br>Basic Assistance to Students in the Community (BASIC) | Employer identification number<br>33-0631683 |
|---|--|

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | Stuart McFarland<br>5225 Clemens Court<br>Carlsbad CA 920084606                   | \$ 5,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Jenny and Bill Wright<br>P.O. Box 550<br>Borrego Springs CA 920040550             | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Curt Yaws<br>1359 Nightshade Road<br>Carlsbad CA 92011                            | \$ 11,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Borrego Springs Civic Foundation<br>P.O. Box 1164<br>Borrego Springs CA 920041164 | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Borrego Valley Endowment Fund<br>P.O. Box 2714<br>Borrego Springs CA 920042714    | \$ 16,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | David Copley Foundation<br>2251 San Diego Avenue, Ste A-238<br>San Diego CA 92110 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|---|--|
| Name of organization<br>Basic Assistance to Students in the Community (BASIC) | Employer identification number<br>33-0631683 |
|---|--|

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | Fidelity Charitable<br>P.O. Box 77001<br>Cincinnati OH 45277                                     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | Greater Kansas City Community Foundation<br>1055 Broadway Blvd., Ste 130<br>Kansas City MO 64105 | \$ 7,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | Richard Brooke Foundation<br>17310 Wright Street, Ste 202<br>Omaha NE 68130                      | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | Umpqua Bank Charitable Foundation<br>1 SW Columbia Street, Ste 1200<br>Portland OR 97258         | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | Wells Fargo Advisor<br>One North Jefferson<br>Saint Louis MO 63103                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | Walter J & Betty C Zable Foundation<br>10731 Treena Street, Ste 102<br>San Diego CA 921311040    | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br>Basic Assistance to Students in the Community (BASIC) | Employer identification number<br>33-0631683 |
|---|--|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | County of San Diego Community Enhancement & Neighborhood Reinvestment Programs<br>1600 Pacific Highway, Suite 166, ATTN: Ebony Shelton<br>San Diego CA 921012422 | \$ 19,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | Timothy Cohelan<br>605 C. Street Ste 200<br>San Diego CA 92101   | \$ 6,700.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| Name of organization<br><b>Basic Assistance to Students in the Community (BASIC)</b> | <b>Employer identification number</b><br>33-0631683 |
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| <b>(a) No.<br/>from<br/>Part I</b> | <b>(b)<br/>Description of noncash property given</b> | <b>(c)<br/>FMV (or estimate)<br/>(See instructions.)</b> | <b>(d)<br/>Date received</b> |
|------------------------------------|--|--|------------------------------|
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |
| -----                              | -----<br>-----<br>-----<br>-----                     | \$-----  | -----                        |

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|--|---|
| Name of organization<br><b>Basic Assistance to Students in the Community (BASIC)</b> | Employer identification number<br><b>33-0631683</b> |
|--|---|

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |