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Form	990 (2019) ALLCARE COMMUNITY FOUNDATION	26-4524646	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		· · · 😿
1	Briefly describe the organization's mission:		
•	• •		
	WE PROMOTE HEALTHY AND VIBRANT COMMUNITIES		
	THROUGH SUPPORT, ADVOCACY AND PARTNERSHIPS		
	WITH A FOCUS ON HOUSING, EDUCATION,		
	TRANSPORTATION AND THE BUILT ENVIRONMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	pnor Form 990 or 990-EZ?	···kːYes [_] 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 measures	1 hv	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		1013,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$13,648 including grants of \$) (Revenue		<u>814</u>)
	MID ROGUE FOUNDATION (CHANGING ITS NAME TO ALLCARE COMMUNITY FOUNDATION) HAS		
	WE ARE HELPING LEAD AN EFFORT OF VOLUNTEERS TO BUILD A GATED, SECURED, CASE I		
	17 TINY HOMES PLUS A COMMUNITY BUILDING FOR THE HOMELESS IN GRANTS PASS, AFT	ER 5 MONTHS C)F
	FUNDRAISING WE HAVE NEARLY \$140,000 RAISED IN CASH AND ANOTHER \$150,000 IN P	ROMISED PLEDO	SES AND
	GRANT FUNDS. CONSTRUCTION ON THE PROJECT SHOULD START-IN MAY OF, 2020 AND DEP	ENDING ON THE	NUMBER
	OF VOLUNTEERS CONCLUDE 6 TO 7 MONTHS LATER. THERE ARE DISCUSSIONS STARTING O	F BOTH A PHAS	SE 2 OF
	THE FOUNDRY VILLAGE, AND AN EFFORT TO LEAD AND RUN. RESTARTING THE FEDERALLY	FUNDED REHAB!	LITATION
	AND RENOVATION FUND. THE PURPOSE OF THE PROGRAM IS TO HELP/LOW INCOME PERSON	S STAV IN HON	ARS THAT
		DIAI IN NO.	10 11111
	MIGHT NEED REHAB WORK TO MAINTAIN LIVABILITY.		
			
4b	(Code:) (Expenses \$) (Revenue	\$)
			<u>.</u>
	2		
		-	
	M /	<u> </u>	
			
			 -
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 13,648		
EEA		Form	n 990 (2019)

	CIV Oncoknist of required concedures			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ļ	
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	j		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ļ	Ì	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? #			ı
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ı
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Š.	ŗ	, 5
	VII, VIII, IX, or X as applicable	10 8		۳.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	_		
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII"	11b	;	x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X-line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			 -
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	· · · · · · · · · · · · · · · · · · ·		† -
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX; column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· · ·		
• • • • • • • • • • • • • • • • • • • •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''' -	-	X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		"
10	·	-"	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	
20	If "Yes," complete Schedule G, Part III	19	 -	X
20 a		20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20b	├	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III · · · · · · · · · · · · · · · · ·	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		l	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? · · · · · · · · · · · · · · · · · · ·	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
26	If "Yes," complete Schedule L, Part I	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	İ		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantal contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, disposé of, or transfer more than 25% of its net assets? If "Yes,"	,,		
22	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32	-	Х
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			X
J-4	or IV, and Part V, line 1 v v v v v v v v v v v v v v v v v v	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? · · · · · · · · · · · · · · · · · · ·	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	<u> </u>
Par	t 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	<u></u>		$\perp \perp$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		[
þ	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	١.	ļ	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? • • • 3a x 3ь If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • 4a If "Yes." enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as chantable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с If "Yes." indicate the number of Forms 8282 filed during the year · · · · · d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 4.43. 2.5 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the **....** 8 8 sponsoring organization have excess business holdings at any time during the year? q Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? • 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter:
Initiation fees and capital contributions included on Part VIII, line 12. . . 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Entér: 1 11 Gross income from members or shareholders. а Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them:))-12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes." enter the amount of tax-exempt interest received or accrued during the year b 4. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 1. Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

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	• • •	· · · ·	. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a 4		数	3
	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			腦
	committee, explain on Schedule O.			M .
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			349
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
-	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	12.57	in a	3193
-	the year by the following		137	A Sec
•	The governing body? • • • • • • • • • • • • • • • • • • •	8a	ara.	H. T.
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		X	_
3		9		
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u> </u>
000	tion B. I onotes (This Section B requests information about policies not required by the internal Neventile Code)			
100	Did the construction have been been been been been been been be	400	Yes	No
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
44-	The Difference of the Control of the	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	6,7,4
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	300		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? • • •	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	4.07.04	X
15	Did the process for determining compensation of the following persons include a review and approval by	7.1K	or in	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	East	3.75	. <u>۲</u> ۲۰۰
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b describe the process in Schedule O (see instructions).	6,0	7	19,39
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1.3%	* · (~)
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		E	7.5
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		3.7%	
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Oregon			
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			
19 -	Describe on 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			
	COLENE MARTIN (541)476-8644, 777 NE 7TH STREET, Grants Pass, OR 97526			

Form	agn	(2019)	

ALLCARE COMMUNITY FOUNDATION

26-4524646

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

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

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

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

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

Check this box if neither the organization nor any relat	ed organizati	on cor	nper	nsate	ed a	ny curren	t officer, director, or	trustee	
				(C)	•	4/		
(A)	(B)			Pos	sition		/-\ (D)	(E)	(F)
						ran <u>o</u> ne —	Reportable	Reportable	Estimated amount
Name and title	Average hours					both an /trustee)	compensation	compensation	of other
	per week	Oilic	erand	J a QII		(itusiee)	from the	from related	compensation
	(list any				31	T	organization (W-2/1099-MISC)	organizations	from the
	hours for	or di	nst	Officer	√ @	em H	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	rect	Institutional	er	Key,employee	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			related organizations
	organizations	악	<u>√8</u>	1	, oj	m S			
	below	Individual trustee or director	trustee		8	Highest compensated employee	4	1	
	dotted line)	7 "	8			sate		į	
			`	1)		٦	1		
	<i> [[</i>		$\langle \mathcal{N} $						
(1) COLENE MARTIN	(3.00								
CHAIR	777-1	x .	1/	x			0	0	0
(2) JOSH BALLOCH	3.00		Ė				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	<u></u>	x		x			0	0	0
	2 00						-		<u> </u>
(3) DOUG WALKER	3.00	1		.,				0	0
TREASURER	1 × ×	X		X		L	0	0	<u> </u>
(4) JED KELLER	3.00	ı					_	_	
DIRECTOR N(5	X		_	_		0	0	0
(5)									
(6) \(\frac{1}{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sq}\sq}\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sq}\sq}\sqrt{\sqrt{\sign}\sqrt{\sq}\sq}\signgtitt}\signgtitta\sqrt{\sq}\sq}\sq\sintitita\sq}\si									
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(10)									
(11)									
(12)									
(13)									
(14)									

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	High	nest	Comp	pens	sated Employees	(continued)				
	•				(C)								
	· (A)	(B)				ition			(D)	(E)			(F)	
	Name and title	Average					nan one		Reportable	Reportab	ıle	Estima	ted amo	ount
	Maine and the	hours	1		-		s both ar /trustee)		compensation	compensal			of other	
		per week		C. 4.70		COLO	rii usico,	'	from the	from relate		com	pensatio	nc
		(list any				_			organization	organizati			om the	
		hours for	Individual trustee or director	nstitutional trustee	Officer	€	dme High	Former	(W-2/1099-MISC)	(W-2/1099-M	ISC)		ization a organiza	
		related	P CT 2	<u>E</u>	9	employee	est	Je.			į	relateu	Organizz	100113
		organizations	역 등	ᆲ		ğ	ë con	'						
		below	ste	tus	ŀ	. 6	per							
		dotted line)	6	lee			Highest compensate employee	!						
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(16)										 		_		
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<u>(17)</u>														
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(24)			 	\vdash		11		73	- 47					
(21)					`	V	_	<i>}}</i>				ļ		
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(24)		1:7		53				1						
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(25)		17	†	11	_	 	1			 				
(25)	·	F5										İ		
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1b	Subtotal	,			• •	• •		. ▶	·			 		
С	Total from continuation sheets to Part VII, Sec	1 1	• • •	• •	• •	• •		. >	·			 		
d	Total (add lines 1b and 1c)	· 4	• • •				• • •	<u>·</u> ▶	0	<u></u>	0	<u> </u>		0
2	Total number of individuals (including but not limit	ted to those l	isted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of				
	reportable compensation from the organization	▶ ⊅												(
													Yes	No
3	Did the organization list any former officer, director	or, trustee, ke	v empl	lovee	e. or	hiat	nest co	ampe	ensated			C. to	- 21/34	3,37
•	employee on line 1a? If "Yes," complete Schedule	I for such in	duadus	ol	.,							3	* **	QF.
	For any individual listed on line 1a, is the sum of i			21 		 اند اد	 		and the form the			15.77.	3,50A.1	2" 754"
4	For any individual listed on line, 1a, is the sum of i	reportable co	mpens	satioi	n an	a Ou	ner co	mpe	nsauon irom the			ř	7.33	1.33
	organization and related organizations greater that	an \$150,000°	/ If "Ye	s," α	ompi	ete	Schea	lule .	J for such			′ ′	F., 12.	1.
	individual · · · · · · · · · · · · · · · · · · ·		• • •	• •	٠.	• •	• • •	• •		• • • • •	• • • •	4		X
5	Did any person listed on line 1a receive or accrue								zatıon or indıvıdua	1				3
	for services rendered to the organization? If "Yes,	" complete S	chedul	le J fo	or su	ich p	person	7			<u></u>	5		х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compens	sated indepe	ndent o	contr	acto	rs th	nat rec	eive	d more than \$100	.000 of				
-	compensation from the organization Report com										ax vear			
		periodicirio	- 110 0	210110	<u> </u>	cui	Citani	9		arnzadon o a	an your			
	(A)								(B)		l	(C)		
	Name and business addre	ss						+	Description of serv	rices		Compens	ation	
		_						\bot						
								\perp						
								T						
								†				-		
2	Total number of independent contractors (including	na hut not lim	uted to	ther	ما م	ted	ahovo	ابد (د			10 mg	435,050	4.12	354 t
_					II3	u	20046	, , 11 11			1967 J. 196		3) 7	
	received more than \$100,000 of compensation from	om me organ	uzauor								اعة تستر	esar⊁1		• 3

Form 990 (2019) 26-4524646 ALLCARE COMMUNITY FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1a 1a Federated campaigns 1b b Membership dues Contributions, Gifts, Grants and Other Similar Amounts 1c C 1d Related organizations 1e Government grants (contributions) · · All other contributions, gifts, grants, 1f and similar amounts not included above 132,799 Noncash contributions included in 1g | \$ 132,799 **Business Code** Program Service Revenue f All other program service revenue · · · · · · g Total. Add lines 2a-2f Investment income (including dividends, interest, and 15 Income from investment of tax-exempt bond proceeds (II) Personal 6a 6a Gross rents 6b b Less rental expenses · · 6c c Rental income or (loss) d Net rental income or (loss) (i) Secunties 7a Gross amount from sales of assets other than inventory 7a Less cost or other basis Other Revenue 7b and sales expenses 7c c Gain or (loss) d Net gain or (loss) · · · · · · 8a Gross income from fundraising (events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming. activities, See Part IV, line 19 9a

132,814

9b

10a

10b

0

0

15

liscellanous Revenue b Less direct expenses

c Net income or (loss) from gaming activities

b Less cost of goods sold

Total revenue. See instructions · · · · · · · · · ▶

10a Gross sales of inventory, less returns and allowances

Pa	rt IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other organiza	ations must complete o	olumn (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX			· · · · · · · · [
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				

8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	·			
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic		_		,
	individuals See Part IV, line 22				1
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			·	_
	foreign individuals. See Part IV, lines 15 and 16				<u></u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include		(1)		
	section 401(k) and 403(b) employer contributions)		//	TI.	
9	Other employee benefits		(N)		
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	,		<u>-</u>	
11	Fees for services (nonemployees).	11)!		
а	Management	61)) &		
b	Legal	363°	363		
С	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·	11	1 💙		
е	Professional fundraising services See Part IV, line 17	~ \\ \	* ,		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	()			
	(A) amount, list line 11g expenses on Schedule O)] } }			
12	Advertising and promotion	<u> </u>			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	2,913	2,913		
17	Travel	•			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	-	[· · · · · · · · · · · · · · · · · · ·	,	
	above (List miscellaneous expenses on line 24e If		ļ.,· · ·		
	line 24e amount exceeds 10% of line 25, column		,		
	(A) amount list line 24e expenses on Schedule O)	,			
а	TELEPHONE	192	192		
b	PRINTING & COPYING	180	180		
С	CONT SERV IN KIND	10,000	10,000		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13,648	13,648	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)		l		

Form 990 (2019) ALLCARE COMMUNITY FOUNDATION

Part X Balance Sheet

2 Savings and temporary cash investments	· · · · L
1 Cash - non-interest-bearing 32,854 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11	-
2 Savings and temporary cash investments	
3 Pledges and grants receivable, net	160,711
4 Accounts receivable, net	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
Controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less. accumulated depreciation Investments - publicly traded securities S Loans and other receivables from other disqualified persons (as defined and the section 4958(c)(3)(B) Fig. 10 To 10	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
7 Notes and loans receivable, net	
8 Inventories for sale or use	
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	
basis Complete Part VI of Schedule D	
b Less. accumulated depreciation · · · · · · · · · · · · · · · · · · ·	
11 Investments - publicly traded securities	
12 Investments - other securities See Part IV, line 11	
13 Investments - program-related See Part IV, line 11	
14 Intangible assets · · · · · · · · · · · · · · · · · · ·	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 33)	160,711
16 Total assets. Add lines 1 through 15 (must equal line 33)	
18 Grants payable	
19 Deferred revenue	
20 Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·	
21 Escrow or custodial account liability Complete Part IV of Schedule D 21	
22 Loans and other payables to any current or former officer, director,	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 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 · · · · · · · · · · · · · · · · · ·	
26 Total liabilities. Add lines 17 through 25 0 26	0
Organizations that follow FASB ASC 958, check here ▶ □	
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions	
28 Net assets with donor restrictions	
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other funds 32,854 31	160,711
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32,854 31 32,854 32	160,711
33 Total liabilities and net assets/fund balances	160,711

Form	990 (2019) ALLCARE COMMUNITY FOUNDATION	26-452	4646		Pa	ge 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		1	.32,	814
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			13,	648
3	Revenue less expenses. Subtract line 2 from line 1	. 3		1	.19,	166
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			32,	854
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	- 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8			7,	500
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			1,	191
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10		3	160,	711
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$\cdot \square$
				T	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		:	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					İ
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· · [2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					l
	Separate basis Consolidated basis Both consolidated and separate basis					
C	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?		. L	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on			- 1		-
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1			
	Single Audit Act and OMB Circular A-133?		· • • 📙	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		l	İ		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		· • • L	3b		
EEA			F	orm	990 (2	2019)
	\ , \ /,					

SCHEDULE A

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.

2019 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization 26-4524646 ALLCARE COMMUNITY FOUNDATION 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes 12 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 of anization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, of trype ill non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organiza (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

ALLCARE COMMUNITY FOUNDATION 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) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total (c) 2017 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,500 50,367 60,805 112,672 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ,500 50,367 60,805 112,672 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) 96,482 Public support. Subtract line 5 from line 4 PARTIES TO PERCE OF FACE OF 16,190 Section B. Total Support (c) 2017 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (d) 2018 (e) 2019 (b) 2016 1 (f) Total 41,500 50,367 60,805 112,672 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10
12 Gross receipts from related activities, etc. (see instructions) 12 112,672 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) <u>14.</u>37 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 100.00 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019 ALLCARE COMMUNITY FOUNDATION

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

<i>,</i>	_	· · · · ·	
.(Complete only if you d	Recked the box on li	ne 10 of Part I or if the organization fa	iled to qualify under Part II.
If the organization fails	taqualify under the	ests listed below, please complete Pa	art II)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						· · · · · · · · · · · · · · · · · · ·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	`	\				
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			1/1			
_	received from disqualified persons			1 ·			
b	Amounts included on lines 2 and 3		1		\		
	received from other than disqualified		$\mathbf{I} = \mathbf{X}'$	1) ·		
	persons that exceed the greater of \$5,000			() }	~	1	
	or 1% of the amount on line 13 for the year						······
	Add lines 7a and 7b			1//			
8	Public support. (Subtract line 7c from			\	1		
50.	tine 6.)	L	1		<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in)	(a)/2015	(b) 2016	(c) 2047	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2015	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(I) Total
			1				
iva	Gross income from interest, dividends,		-//	l \			
	payments received on securities loans, rents, royalties, and income from similar sources			`	\	1	
h	Unrelated business taxable income (less	<u></u>			\		
	section 511 taxes) from businesses	No. 1			\		
	acquired after June 30, 1975	\3'					:
c	Add lines 10a and 10b				\		
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on					ļ.	
12	Other income. Do not include gain or		 - :		\ \ \ \ \	<u> </u>	
	loss from the sale of capital assets					\	
	(Explain in Part VI)	1					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					\	
14	First five years. If the Form 990 is for the org	anization's firs	t, second, third,	fourth, or fifth	tax year as a s	ection 501(c)(3))
	organization, check this box and stop here			<u> </u>			▶ 🗌
Sec	ction C. Computation of Public Support	rt Percentag	e				
15	Public support percentage for 2019 (line 8, c	olumn (f), divid	ded by line 13,	column (f)) -		15	%
16	Public support percentage from 2018 Sched	ule A, Part III,	line 15		· · · · · · · · ·	16	%
Sec	ction D. Computation of Investment In						/
17	Investment income percentage for 2019 (line	10c, column (f), divided by line	e 13, column (f))	17	%
18	Investment income percentage from 2018 Sc					18	%
19a	33 1/3% support tests - 2019. If the organization						
	17 is not more than 33 1/3%, check this box a	-	_				\
b	33 1/3% support tests - 2018. If the organization						
	line 18 is not more than 33 1/3%, check this b						nization 🕨 🔲
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a	, or 19b, check	this box and se	ee instructions	···· 🔖 📙

Rart 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section $4958(\tilde{c})(3)(\tilde{C})$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
- If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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Par	tiv	Supporting Organizations (continued)			
				Yes	No
11	Has the	e.organization accepted a gift or contribution from any of the following persons?	1.3.3	经验	17.7
а		on who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.5	公数	强烈
_	•	the governing body of a supported organization?	11a	···•	*****
			11b		—
		y member of a person described in (a) above?			
C	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B.	Type I Supporting Organizations			
				Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to	(3 €5.)	322	5 / (Ag)
	regular	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	3.2	L
	tax vea	nr? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		2.3	143
	-	led the organization's activities. If the organization had more than one supported organization,	25.5		12.
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		A
		•		4.	34.4
	organiz	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	,,,,,,,	
2	Did the	organization operate for the benefit of any supported organization other than the supported	MERCE.	3854	2143
~					
	-	cation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
		providing such benefit carried out the purposes of the supported organization(s) that operated,	10.3	2.62	23.
	superv	ised, or controlled the supporting organization.	2		L
Sec	tion C.	Type II Supporting Organizations			
	_			Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors	17:50	3.5950	1
•		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	562	* 1	
			37.	300	2.30
		agement of the supporting organization was vested in the same persons that controlled or managed	1,150	200	-
		oported organization(s).	1		
Sec	tion D.	All Type III Supporting Organizations			
		Since of the same		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the	17.77.83	7	Byr.
•		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	75. A	1	£
			3.5	1	
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	36	不是	- Table 1
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· suit	7. X	entre .
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		\$ 1°	12.7
		anization maintained a close and continuous working relationship with the supported organization(s)	i _	-	
3		son of the relationship described in (2); did the organization's supported organizations have a	2		
9			15.5		1
		ant voice in the organization's investment policies and in directing the use of the organization's	155	2.3	1
	income	or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 6	19 7	17.
	suppor	ted organizations played in this regard.	3		
Sec	tion E.	Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а		e organization satisfied the Activities Test. Complete line 2 below.		•	
_		organization is the point of sock of its supported organizations. Complete line 2 below			
b	⊟ ∵՝՝	e organization is the parent of each of its supported organizations. Complete line 3 below e organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	المعمل	.at	a)
C		a organization supported a governmental entity. Describe in Part VI now you supported a government entity (see	insut		
2		es Test. Answer (a) and (b) below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of	537,	7.50	
	the sup	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		175.	
		supported organizations and explain how these activities directly furthered their exempt purposes,		3	14
		e organization was responsive to those supported organizations, and how the organization determined	1.	3.3	3
			15-	٠٠٠,	
_		ese activities constituted substantially all of its activities	2a	2127	ma
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	18.1	y.r.	3 4
	of the o	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	12.	N. K	وتيسية
	reason	s for the organization's position that its supported organization(s) would have engaged in these	1335	1	1335
		es but for the organization's involvement.	2b	P 62 Set 12	upi edije
2			\$227.74	TELL	372.5
3		of Supported Organizations. <i>Answer (a) and (b) below.</i>	30	别任	
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 N	13.0	22.34
		s of each of the supported organizations? Provide details in Part VI.	3a	<u>L</u> .	<u> </u>
þ	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each	353	55	3
	of its si	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	:	4:	
Part Va Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying true			
instructions. All other Type III non-functionally integrated supporting organizat	ions	must complete Sections A th	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	138	THE REPORT OF THE PARTY OF THE	6海型数型扩发级
instructions for short tax year or assets held for part of year):			Marie Carlo
a Average monthly value of securities'	1 1a		
b Average monthly cash balances	1,b	,	
c Fair market value of other non-exempt-use assets	- ,1¢		
d Total (add lines 1a, 1b, and 1c)		43	
e Discount claimed for blockage or other	È		が対象にいる対象
factors (explain in detail in Part VI):	18		强温和加州
2 Acquisition indebtedness applicable to non-exempt-use assets	7 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	\$		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	では、元子は最初の代記録	
2 Enter 85% of line 1.	2	North Charge of the	
3 Minimum asset amount for prior year/(from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	基础的大学的对外的	
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to		Branch Control of the	

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Schedule A (Form 990 or 990-EZ) 2019 ALLCARE COMMUNITY FOUNDAT:		26-4524	1646 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exemp	ot purposes		
2 Amounts paid to perform activity that directly furthers exempt p			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes	of supported organization	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	organization is responsi	ve	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6	·		
10 Line 8 amount divided by line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019	, ,		
(reasonable cause required - explain in Part VI). See			
instructions.		X.	
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			•
d From 2017			
e From 2018			
f Total of lines 3a through e	ベーガ		
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)))		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1/		
4 Distributions for 2019 from			
Section D, line 7: \$\langle \sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}			
a Applied to underdistributions of pnor years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b, from 4.			
5 Remaining underdistributions for years prior to 2019, if	. *		
any. Subtract lines 3g and 4a from line 2. For result	· .		
greater than zero, explain in Part VI, See instructions.			•
6 Remaining underdistributions, for 2019, Subtract lines 3h	`,		
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions:			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:	_		
a Excess from 2015 ·\.\.			
b Excess from 2016			-
c Excess from 2017			
d Excess from 2018 · · · ·	, ,		
e Excess from 2019 · · · ·			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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	Schodule A (Form 990 or 990 F7) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

Open to Public : Inspection

Name of the organization	Employer identification number			
ALLCARE COMMUNITY FOUNDATION	26-4524646			
01. Form 990 governing body review (Part VI, line 11)				
CODY OF THE COMPLETED TRY DETIEN MAC CIVEN TO THE DESCIDENT				
COPY OF THE COMPLETED TAX RETURN WAS GIVEN TO THE PRESIDENT				
FOR HER TO DISTRIBUTE TO THE BOARD MEMBERS. NO REVIEW WAS CONDUCTED OR WIL	L BE CONDUCTED			
02 Garanning January at annilation within (Paul VI line 10)				
02. Governing documents, etc, available to public (Part VI, line 19)				
GOVERNING DOCUMENTS ARE AVAILABLE TO ANYONE WHO MAKE A WRITTEN REQUEST.				
A				
	14 2)			
03. Significant program services not listed on prior year return (Part II)	, line 2)			
WE ARE HELPING LEAD AN EFFORT OF VOLUNTEERS TO BUILD A GATED, SECURED,				
()) V				
CASE MANAGED, FACILITY OF 17 TINY HOMES PLUS A COMMUNITY BUILDING FOR THE	HOMELESS IN			
	TV 010V 1VD			
GRANTS PASS, AFTER 5 MONTHS OF FUNDRAISING WE HAVE NEARLY \$140,000 RAISED	IN CASH AND			
ANOTHER \$150,000 IN PROMISED PLEDGES AND GRANT FUNDS CONSTRUCTION ON THE	PROJECT SHOULD			
START IN MAY OF 2020 AND DEPENDING ON THE NUMBER OF VOLUNTEERS CONCLUDE 6	TO 7 MONTHS			
LATER WHERE ARE PROMISETONS STARTING OF POWER PURCES OF THE POUNDRY AND	IACE AND			
LATER. THERE ARE DISCUSSIONS STARTING OF BOTH-A PHASE 2 OF THE FOUNDRY VII	LAGE, AND			
AN EFFORT TO LEAD AND RUN RESTARTING THE FEDERALLY FUNDED REHABILITATION A	ND RENOVATION			
FUND. THE PURPOSE OF THE PROGRAM IS TO HELP LOW INCOME PERSONS STAY IN HO	MES THAT MIGHT			
NEED REHAB WORK TO MAINTAIN LIVABILITY.				
ASSES REMAIN WORK TO MILITARIN BIVABILITY.				
04. Explanation of other changes in net assets or fund balances (Part XI,	line 9)			
ADJUSTMENT TO BALANCE BOOKS.				
// A V				