

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020**

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

**C** Name of organization: SCAN INC  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 500 W MAIN ST  
 City or town, state or province, country, and ZIP or foreign postal code: FORT WAYNE, IN 46802

**D** Employer identification number: 31-0899309  
**E** Telephone number: (260) 421-5000  
**G** Gross receipts \$ 13,553,854

**F** Name and address of principal officer:  
 DEANNA SZYNDROWSKI  
 500 W MAIN ST  
 FORT WAYNE, IN 46802

**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)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.SCANFW.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1976 **M** State of legal domicile: IN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 SCAN PROTECTS CHILDREN, PREPARES PARENTS, STRENGTHENS FAMILIES AND EDUCATES OUR COMMUNITY TO STOP CHILD ABUSE AND NEGLECT.

**2** Check this box  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>	28
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	28
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	242
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,862,331	961,847
<b>9</b> Program service revenue (Part VIII, line 2g)	12,195,326	12,475,226
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,304	53,057
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,876	-24,543
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,178,837	13,465,587
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,400
<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)	8,729,934	8,337,093
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 285,544		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,918,623	5,597,247
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,648,557	13,969,740
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	530,280	-504,153

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	7,776,788	8,636,418
<b>21</b> Total liabilities (Part X, line 26)	2,633,070	4,000,907
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,143,718	4,635,511

**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: \*\*\*\*\*  
 Date: 2021-01-11

DEANNA SZYNDROWSKI CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2021-01-22  
 Check  if self-employed PTIN: P00691953

Firm's name ▶ HAINES ISENBARGER & SKIBA LLC Firm's EIN ▶ 52-2127371

Firm's address ▶ 4630 W JEFFERSON BLVD 8 FORT WAYNE, IN 46804 Phone no. (260) 436-9500

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

**1** Briefly describe the organization's mission:

SCAN PROTECTS CHILDREN, PREPARES PARENTS, STRENGTHENS FAMILIES AND EDUCATES OUR COMMUNITY TO STOP CHILD ABUSE AND NEGLECT.

**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 \$ 5,866,396 including grants of \$ ) (Revenue \$ 5,870,669 )

See Additional Data

**4b** (Code: ) (Expenses \$ 4,818,969 including grants of \$ ) (Revenue \$ 3,265,875 )

See Additional Data

**4c** (Code: ) (Expenses \$ 2,256,589 including grants of \$ ) (Revenue \$ 3,043,932 )

See Additional Data

(Code: ) (Expenses \$ 413,464 including grants of \$ 35,400 ) (Revenue \$ 294,750 )

FAMILY CONNECTIONS-FAMILY CONNECTIONS OFFERS PROGRAMS TO HELP PEOPLE ADDRESS CONFLICT AND CHANGING FAMILY SITUATIONS DUE TO A DIVORCE, SEPARATION, OR PATERNITY ISSUES. PROGRAMS INCLUDE CO-PARENTING WORKSHOPS/CLASSES, KIDS & DIVORCE WORKSHOPS, PARENTING COORDINATION, SUPERVISED PARENTING TIME, AND CONFLICT GROUPS. SOME OF THESE PROGRAMS REQUIRE A JUDGE'S ORDER AND/OR STIPULATION; OTHERS ARE COMPLETELY VOLUNTARY. WITHIN FAMILY CONNECTIONS, SCAN OFFERS THERAPEUTIC COUNSELING SERVICES ALONG WITH THERAPEUTIC VISITATION FACILITATION FOR VISITING PARENTS AND THEIR CHILDREN. IN JULY, SCAN EXPANDED THE FAMILY CONNECTIONS PROGRAM TO INCLUDE DOMESTIC VIOLENCE SERVICES FOR VICTIMS AND CHILDREN, AS WELL AS BATTERER'S INTERVENTION SERVICES. BE SOMEONE NOW (BSON)-BE SOMEONE NOW IS A PROGRAM OF NORTHEAST INDIANA WORKS AND SCAN SERVING YOUNG ADULTS FROM 16 TO 24 THAT HAVE SIGNIFICANT BARRIERS TO EMPLOYMENT AND ARE NOT ENROLLED IN TRADITIONAL SCHOOLING. SCAN PROVIDES SERVICES IN 11 COUNTIES IN NORTHEAST INDIANA INCLUDING ADAMS, ALLEN, DEKALB, GRANT, HUNTINGTON, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS, AND WHITLEY. YOUNG ADULTS ARE REFERRED BY GED PROGRAMS AND ALTERNATIVE SCHOOLS, PROBATION AND PAROLE, SOCIAL SERVICE ORGANIZATIONS, FAMILY MEMBERS, HIGH SCHOOL GUIDANCE COUNSELORS, AND BY OTHER PROGRAMS AT SCAN. STAFF ARE YOUNG ADULT ADVOCATES AND PROVIDE ASSISTANCE WITH IDENTIFYING EDUCATIONAL AND CAREER GOALS, INTENSIVE CASE MANAGEMENT TO ELIMINATE BARRIERS TO SUCCESS, INTENSIVE 10 WEEK SOFT SKILLS TRAINING, LEADERSHIP OPPORTUNITIES, TUTORING, JOB PLACEMENT, AND TUITION ASSISTANCE. DAYBREAK CRISIS HOMES-SCAN'S DAYBREAK CRISIS HOMES OFFERS EMERGENCY SHORT- TERM CARE FOR ALLEN COUNTY CHILDREN WHOSE PARENTS ARE IN CRISIS AND HAVE NO ONE ELSE TO CARE FOR THEIR CHILDREN. PRIMARILY SERVING NEWBORNS AND CHILDREN TO 10 YEARS OF AGE, DAYBREAK CAN ALSO ACCEPT OLDER SIBLINGS. CHILDREN OF OTHER AGES ARE APPROVED ON A CASE-BY-CASE BASIS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 413,464 including grants of \$ 35,400 ) (Revenue \$ 294,750 )

**4e** Total program service expenses ► 13,355,418

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form 990-TO with 16 main sections (2a-16) and sub-sections (a-e) for each. Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations. Includes a grid for Yes/No/No answers.

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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: DEANNA SZYNDROWSKI 500 W MAIN ST FORT WAYNE, IN 46802 (260) 421-5000

**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, or 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 related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total . . . . .</b>							
<b>1c Total from continuation sheets to Part VII, Section A . . . . .</b>							
<b>1d Total (add lines 1b and 1c) . . . . .</b>						236,644	14,304

**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 ► **1**

<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>	<b>3</b>	Yes	No
<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>	<b>4</b>		No
<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>	<b>5</b>		No

**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) Name and business address	(B) Description of services	(C) Compensation
LUTHERAN SOCIAL SERVICES 330 MADISON ST FORT WAYNE, IN 46802	HOME BASED	956,263
CHILD AND PARENT SERVICES 1000 W HIVELY AVE ELKHART, IN 46517	HOME BASED	459,411
YOUTH SERVICE BUREAU OF ST JOSEPH 2222 LINCOLNWAY WEST SOUTH BEND, IN 46628	HOME BASED	276,705
CHILDREN FIRST CENTER PO BOX 562 AUBURN, IN 46703	HOME BASED	225,401
BRIGHTPOINT 227 E WASHINGTON BLVD FORT WAYNE, IN 46853	HOME BASED	123,533

**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 ► **5**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	242,836				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	34,164				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	684,847				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	18,111				
	<b>h Total.</b> Add lines 1a-1f . . . . .			961,847			
<b>Program Service Revenue</b>	<b>2a</b> COMM. PTNRS FOR CHILD SAFETY	Business Code	624100	5,870,669	5,870,669		
	<b>b</b> CHILD WELFARE SERVICES		624100	3,265,875	3,265,875		
	<b>c</b> HEALTHY FAMILIES		624100	3,043,932	3,043,932		
	<b>d</b> WORKONE		624100	195,674	195,674		
	<b>e</b> PROGRAM FEES		624100	99,076	99,076		
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .			12,475,226			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			53,930		53,930	
	<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 assets other than inventory	(i) Securities	7,345				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses		8,218			
		<b>c</b> Gain or (loss)		-873			
	<b>d</b> Net gain or (loss) . . . . .			-873		-873	
	<b>8a</b> Gross income from fundraising events (not including \$ 242,836 of contributions reported on line 1c). See Part IV, line 18 . . . . .		18,111				
		<b>b</b> Less: direct expenses . . . . .		58,114			
<b>c</b> Net income or (loss) from fundraising events . . . . .				-40,003		-40,003	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		33,080					
	<b>b</b> Less: direct expenses . . . . .		21,935				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			11,145		11,145	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS INCOME			4,315		4,315		
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			4,315				
<b>12 Total revenue.</b> See instructions . . . . .			13,465,587	12,475,226		28,514	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	35,400	35,400		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	257,245	246,035	4,499	6,711
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	6,632,467	6,333,597	117,512	181,358
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	66,411	64,649	988	774
<b>9</b> Other employee benefits . . . . .	855,602	832,899	12,725	9,978
<b>10</b> Payroll taxes . . . . .	525,368	509,579	489	15,300
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	22,657		22,657	
<b>c</b> Accounting . . . . .	35,375		35,375	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	7,345		7,345	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,089	13,086		1,003
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	194,284	177,537	7,676	9,071
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	198,516	161,449	35,182	1,885
<b>17</b> Travel . . . . .	352,461	344,082	7,899	480
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	83,638	78,032	2,876	2,730
<b>20</b> Interest . . . . .	11,442	10,622	581	239
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	197,576	186,431	6,927	4,218
<b>23</b> Insurance . . . . .	79,203	75,102	2,539	1,562
<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> CONTRACT SERVICES	3,703,640	3,700,983	1,645	1,012
<b>b</b> SUPPLIES AND MATERIALS	564,416	511,118	6,234	47,064
<b>c</b> EQUIPMENT	79,455	74,817	2,479	2,159
<b>d</b> COVID-19 EXPENSES	53,150		53,150	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,969,740	13,355,418	328,778	285,544
<b>26</b> 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 <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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	373,874	<b>1</b>	1,835,772
	<b>2</b> Savings and temporary cash investments . . . . .	20,098	<b>2</b>	24,351
	<b>3</b> Pledges and grants receivable, net . . . . .	2,566,367	<b>3</b>	2,051,175
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	2,339,155	<b>7</b>	2,339,155
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	44,672	<b>9</b>	91,467
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,370,492		
	<b>b</b> Less: accumulated depreciation	2,282,797		
	<b>11</b> Investments—publicly traded securities . . . . .	737,756	<b>11</b>	784,784
	<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 . . . . .	428,525	<b>15</b>	422,019
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,776,788	<b>16</b>	8,636,418	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	660,225	<b>17</b>	682,798
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,812,654	<b>19</b>	1,812,654
	<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 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 . . . . .		<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>	1,403,500
	<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	160,191	<b>25</b>	101,955
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,633,070	<b>26</b>	4,000,907
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,813,079	<b>27</b>	4,340,212
	<b>28</b> Net assets with donor restrictions . . . . .	330,639	<b>28</b>	295,299
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	5,143,718	<b>32</b>	4,635,511
<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,776,788	<b>33</b>	8,636,418	

**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>	13,465,587
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,969,740
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-504,153
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,143,718
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,054
<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>	
<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>	4,635,511

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 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:  
 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-0899309

**Name:** SCAN INC

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

COMMUNITY PARTNERS FOR CHILD SAFETY: THE COMMUNITY PARTNERS FOR CHILD SAFETY IS A STATEWIDE INITIATIVE DESIGNED TO HELP FAMILIES BEFORE THEY CROSS THE LINE INTO ABUSE OR NEGLECT. THROUGH THE COMMUNITY PARTNERS PROGRAMS, SCAN WORKS WITH OTHER LOCAL SOCIAL SERVICE AGENCIES TO OFFER CAREGIVERS HELP WITH SITUATIONS THAT ARE INTERFERING WITH THEIR ABILITY TO MANAGE THEIR FAMILIES. THE GOAL OF THESE PROGRAMS IS TO PROVIDE FAMILIES WITH IN-HOME, ONE-ON-ONE SERVICES THAT STRENGTHEN THE FAMILY AND PREVENT CHILD ABUSE OR NEGLECT. COMMUNITY PARTNERS SERVICES ARE OFFERED BY EXPERT PROVIDERS IN EVERY COUNTY IT SERVES. SERVICES INCLUDE SUPPORT, EDUCATION, AND ADVOCACY IN AREAS SUCH AS PARENTING AND DISCIPLINE, HOUSING, EMPLOYMENT, MEDICAL FOLLOW UP, BUDGETING, AND SCHOOL ISSUES. IN ADDITION, SCAN ALSO CONTRACTS WITH AND SUPERVISES VARIOUS PREVENTION PROGRAMS IN EACH COUNTY THROUGH LOCAL PREVENTION DOLLARS TO ADDRESS SPECIFIC NEEDS IN EACH COMMUNITY. THE NETWORK SERVES FAMILIES LIVING IN ADAMS, ALLEN, DEKALB, HUNTINGTON, LAGRANGE, NOBLE, STEUBEN, WELLS, AND WHITLEY COUNTIES. COMMUNITY PARTNERS OFFERS HELP TO FAMILIES LIVING IN CASS, ELKHART, FULTON, HOWARD, KOSCIUSKO, MARSHALL, MIAMI, ST. JOSEPH, AND WABASH COUNTIES.

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## **Form 990, Part III, Line 4b:**

FAMILY PRESERVATION SERVICES: INCLUDES SERVICES PROVIDED BY PARAPROFESSIONAL, BACHELOR'S LEVEL AND MASTER'S LEVEL STAFF. THE VARIOUS SERVICES UNDER THIS PROGRAM INCLUDE: FAMILY PRESERVATION (PARAPROFESSIONAL & BACHELOR'S LEVEL STAFF) HOME-BASED CASEWORK & HOMEMAKER SERVICES THESE ARE SERVICES FOR PARENTS TO DETER ANY FURTHER INCIDENTS OF CHILD ABUSE AND NEGLECT. THE REFERRALS ARE MADE BY THE INDIANA DEPARTMENT OF CHILD SERVICES (DCS). PARAPROFESSIONAL (HOMEMAKER) AND BACHELOR-LEVEL STAFF (HOME-BASED CASEWORK) PROVIDE IN-HOME, HIGH QUALITY, FAMILY CENTERED CASEWORK SERVICES TO PARENTS TO ENHANCE FAMILY RESILIENCE, SUPPORT NURTURING RELATIONSHIPS, AND CREATE A SAFE PHYSICAL ENVIRONMENT FOR THE FAMILY. SERVICE INCLUDES CRISIS RESPONSE THAT COMPRISE ASSESSMENT AND GOAL PLANNING TO MEET THE COMPLEX NEEDS OF FAMILIES. ONGOING SERVICES ARE PROVIDED TO ENSURE SAFETY IN THE HOME. FREQUENCY OF VISITS IS DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. VISITATION FACILITATION THIS IS A SERVICE FOR CHILDREN THAT HAVE BEEN REMOVED FROM THE FAMILY DUE TO AN INCIDENT OF CHILD ABUSE OR NEGLECT AND THEIR PARENTS. THE REFERRALS ARE MADE BY DCS. THIS SERVICE OCCURS AT SCAN'S OFFICES, A CLIENT'S HOME, OR IN A PUBLIC VENUE. THE GOAL OF A VISITATION IS TO KEEP THE CHILD(REN) SAFE WHILE IMPROVING RESILIENCE WITHIN THE FAMILY. THIS PROGRAM PLAYS A CRUCIAL ROLE IN ESTABLISHING OR IMPROVING THE BOND BETWEEN CHILDREN AND THEIR FAMILIES. FREQUENCY OF VISITS ARE DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. TYPICALLY FAMILIES HAVE VISITS AT LEAST WEEKLY FOR TWO HOURS PER WEEK. FATHERHOOD THIS IS A SERVICE FOR FATHERS TO ASSIST WITH CO-PARENTING AND CONNECTING WITH THEIR CHILDREN. THE REFERRALS ARE MADE BY DCS. THIS SERVICE OCCURS IN A SCAN FACILITY, THE CLIENT'S HOME, OR IN A PUBLIC VENUE. THE GOAL OF THIS PROGRAM IS TO ENGAGE FATHERS WITH THEIR CHILDREN. SERVICES ARE FOCUSED ON PARENT EDUCATION USING 24/7 DAD'S CURRICULUM OR NURTURING PARENTING. FATHERS ARE LINKED TO SERVICES NEEDED TO ADDRESS MENTAL HEALTH, MEDICAL, PROBATION/PAROLE, HOUSING, EMPLOYMENT, EDUCATION, FINANCIAL AND RELATIONSHIP NEEDS. FREQUENCY OF VISITS ARE DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. TYPICALLY FAMILIES HAVE VISITS AT LEAST WEEKLY FOR 1.5 TO 2.0 HOURS PER WEEK. FAMILY PRESERVATION (MASTER'S LEVEL STAFF) HOME-BASED FAMILY CENTERED THERAPY & COUNSELING THIS IS A SERVICE FOR CHILDREN AND PARENTS TO ASSIST WITH DEALING WITH THE TRAUMA OF ABUSE OR NEGLECT. THE REFERRALS ARE MADE BY DCS OR JUVENILE PROBATION. A HOME- OR OFFICE-BASED SERVICE FACILITATED BY A CLINICIAN THAT PROVIDES HIGH-QUALITY, INDIVIDUALIZED, STRUCTURED, GOAL-FOCUSED INTERVENTIONS FOR FAMILIES RECOVERING FROM ABUSE AND NEGLECT. FREQUENCY OF VISITS IS DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY THIS IS A SERVICE FOR CHILDREN WHO HAVE BEEN PHYSICALLY, SEXUALLY, AND/OR EMOTIONALLY ABUSED OR EXPOSED TO TRAUMA AND PARENTS AND CAREGIVERS WHO DID NOT PARTICIPATE IN THE ABUSE. THE REFERRALS ARE MADE BY DCS. THIS IS AN EVIDENCE-BASED HIGHLY COLLABORATIVE THERAPEUTIC INTERVENTION MODEL DESIGNED TO HELP CHILDREN AND THEIR PARENTS OVERCOME THE NEGATIVE EFFECTS OF TRAUMATIC LIFE EVENTS BY HAVING THEM WORK TOGETHER WITH A CLINICIAN AND CASE MANAGER TO IDENTIFY COMMON GOALS AND ATTAIN THEM. FAMILY CENTERED TREATMENT: COMPREHENSIVE SERVICE THIS IS A COMPREHENSIVE SERVICE FOR FAMILIES IMPACTED BY CHILD ABUSE AND NEGLECT. THE REFERRALS ARE MADE BY DCS OR JUVENILE PROBATION. THIS IS AN EVIDENCE-BASED, FAMILY-CENTERED TREATMENT APPROACH DESIGNED TO PRESERVE THE FAMILY UNIT. FAMILY CENTERED TREATMENT PROVIDES INTENSIVE HOME-BASED THERAPY, CASE MANAGEMENT, AND CRISIS INTERVENTION. THIS SERVICE REQUIRES A MINIMUM OF FIVE HOURS OF FACE TO FACE TIME PER FAMILY PER WEEK BY A LICENSED MASTER'S LEVEL PROFESSIONAL. THE FAMILY IS SERVED FOR A MINIMUM OF SIX MONTHS. FAMILY PRESERVATION SERVICE: COMPREHENSIVE SERVICE FAMILY PRESERVATION SERVICES IS DESIGNED FOR FAMILIES WITH A SUBSTANTIATED CASE OF ABUSE OR NEGLECT THAT DCS BELIEVES COULD SAFELY CARE FOR THEIR CHILDREN WITH APPROPRIATE ASSISTANCE AND SUPPORT IN THE HOME. FAMILY PRESERVATION SERVICES INCLUDE ASSESSMENT OF THE CHILD/PARENT/FAMILY RESULTING IN APPROPRIATE SERVICES THAT ARE BASED ON THE FAMILY'S NEEDS. THE CLEAR GOAL FOR THESE SERVICES IS TO PRESERVE THE FAMILY AND AVOID THE TRAUMA OF REMOVAL FOR THE CHILD, PROVIDED IT IS SAFE FOR THEM TO REMAIN WITH THEIR IDENTIFIED CAREGIVER. SERVICES ARE PROVIDED IN THE HOME, ARE COMPREHENSIVE IN NATURE, REQUIRE A MASTER'S DEGREE PROFESSIONAL AND A BACHELOR'S DEGREE PROFESSIONAL TO PROVIDE BOTH THERAPEUTIC INTERVENTION AND CASE MANAGEMENT SUPPORT. SERVICES ARE INTENSIVE AND NATURE, WITH REQUIRED WEEKLY SAFETY CHECKS. COMPREHENSIVE SERVICES ARE THE FASTEST GROWING SECTOR FOR SCAN, THE SERVICE LINE IS REIMBURSED ON A PER DIEM RATE.

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## **Form 990, Part III, Line 4c:**

HEALTHY FAMILIES: THE HEALTHY FAMILIES PROGRAM HELPS PREVENT ABUSE AND NEGLECT BY WORKING ONE-ON-ONE WITH OVERWHELMED FAMILIES THAT ARE STRUGGLING TO BALANCE RAISING CHILDREN WITH LIVES DEMANDS. TARGETED TO HELP PARENTS OF NEWBORN CHILDREN, HEALTHY FAMILIES ENROLLS PARENTS DURING PREGNANCY OR IMMEDIATELY AFTER THE BIRTH OF THEIR CHILD OR WITHIN 3 MONTHS OF CHILDS BIRTH. MOST PARENTS ARE SCREENED IN THE HOSPITAL, IF THE FAMILY MEETS THE PROGRAM CRITERIA, THEY ARE ENROLLED IN THE PROGRAM. ONE-ON-ONE, IN-HOME SERVICES BEGIN WEEKLY AND CAN LAST ONE TO THREE YEARS. THE HEALTHY FAMILIES PROGRAM WORKS WITH PARENTS TO TEACH CHILD DEVELOPMENT AND AGE-APPROPRIATE EXPECTATIONS OF CHILDREN, TO ASSIST PARENTS IN BUILDING A STRONG NETWORK OF SUPPORT FROM FAMILY, NEIGHBORS, AND CHURCHES; TO HELP PARENTS DEVELOP BUDGETING, TIME-MANAGEMENT, AND STRESS-MANAGEMENT SKILLS TO BETTER BALANCE PARENTING AND HOME-MANAGEMENT, AND TO LINK FAMILIES TO COMMUNITY RESOURCES FOR HEALTH CARE, FINANCIAL AID, FOOD, HOUSING, SCHOOL-READINESS, CHILD CARE, JOB TRAINING, SUBSTANCE-ABUSE TREATMENT, AND OTHER MENTAL HEALTH ASSISTANCE.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATT GRAVES ..... PRESIDENT	1.00 .....	X		X				0	0	0
KIM CARPENTER ..... VP OPERATION	1.00 .....	X		X				0	0	0
JUDY PURSLEY ..... VP RES DEVEL	1.00 .....	X		X				0	0	0
KAREN ROBERTS ..... TREASURER	1.00 .....	X		X				0	0	0
PHIL DOWNS PHD ..... PAST PRESIDE	1.00 .....	X		X				0	0	0
KATHLEEN BERGMAN MILLER ..... TRUSTEE	1.00 .....	X						0	0	0
PATTI BRAHE ..... TRUSTEE	1.00 .....	X						0	0	0
KATHY CALLEN ..... TRUSTEE	1.00 .....	X						0	0	0
CASEY COX ..... TRUSTEE	1.00 .....	X						0	0	0
DAVE DAVIS ..... TRUSTEE	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY DIAMENTE ..... TRUSTEE	1.00 .....	X						0	0	0
BRIAN FEHLHABER ..... TRUSTEE	1.00 .....	X						0	0	0
CAROLE FULLER ..... TRUSTEE	1.00 .....	X						0	0	0
KATHRYN GENTZ SCHAU ..... TRUSTEE	1.00 .....	X						0	0	0
JESSICA GLASSBURN ..... TRUSTEE	1.00 .....	X						0	0	0
DOUG HILLS ..... TRUSTEE	1.00 .....	X						0	0	0
HAJIRA KHAN ..... TRUSTEE	1.00 .....	X						0	0	0
DANIEL KENSINGER ..... TRUSTEE	1.00 .....	X						0	0	0
NAOMI MUSELMAN ..... TRUSTEE	1.00 .....	X						0	0	0
SARAH NOKES ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELISSA RICHARDS ..... TRUSTEE	1.00 .....	X						0	0	0
DIANNE SENGSTACK ..... TRUSTEE	1.00 .....	X						0	0	0
SARAH SHOWALTER ..... TRUSTEE	1.00 .....	X						0	0	0
BRAD STINSON ..... TRUSTEE	1.00 .....	X						0	0	0
MARTY STURGES ..... TRUSTEE	1.00 .....	X						0	0	0
JEFF VICE ..... TRUSTEE	1.00 .....	X						0	0	0
MARSHALL WEADICK ..... TRUSTEE	1.00 .....	X						0	0	0
AL ZACHER ..... TRUSTEE	1.00 .....	X						0	0	0
DEANNA SZYNDROWSKI ..... CEO	50.00 .....			X				137,500	0	4,448
JEFFREY GRIGGS ..... CFO	30.00 .....			X				99,144	0	9,856

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

**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  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SCAN INC

Employer identification number  
31-0899309

**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)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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		
<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 failed 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	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<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</b>	<b>Total.</b> Add lines 1 through 3						
<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</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<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.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</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 type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</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</b>	<b>10%-facts-and-circumstances test—2019.</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</b>	<b>10%-facts-and-circumstances test—2018.</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</b>	<b>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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,330,251	812,349	1,100,600	1,862,331	961,847	6,067,378
<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	14,653,456	15,925,336	13,577,123	12,195,326	12,475,226	68,826,467
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	271,965	260,239	333,072	66,347	4,315	935,938
<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	16,255,672	16,997,924	15,010,795	14,124,004	13,441,388	75,829,783
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	164,068	213,363	402,960	255,617	194,630	1,230,638
<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.	164,068	213,363	402,960	255,617	194,630	1,230,638
<b>8 Public support.</b> (Subtract line 7c from line 6.)						74,599,145

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6.	16,255,672	16,997,924	15,010,795	14,124,004	13,441,388	75,829,783
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,085	30,509	43,138	66,810	53,930	276,472
<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.	82,085	30,509	43,138	66,810	53,930	276,472
<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.)	16,337,757	17,028,433	15,053,933	14,190,814	13,495,318	76,106,255

**14 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) organization, check this box and **stop here.**

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.020 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	98.060 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	0 %

**19a 33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of 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
<b>1</b>	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>		
	<b>1</b>		
<b>2</b>	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>		
	<b>2</b>		
<b>3a</b>	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>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	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>		
	<b>3c</b>		
<b>4a</b>	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>		
	<b>4a</b>		
<b>b</b>	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>		
	<b>4b</b>		
<b>c</b>	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>		
	<b>4c</b>		
<b>5a</b>	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>		
	<b>5a</b>		
<b>b</b>	<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?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	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>		
	<b>8</b>		
<b>9a</b>	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>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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>		
	<b>9c</b>		
<b>10a</b>	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 line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	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>		
	<b>10b</b>		

**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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 ( <b>see instructions</b> ):		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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</b>	<b>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>1</b>	
<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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<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</b>	<b>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</b>	<b>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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-0899309

**Name:** SCAN INC

**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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: SCAN INC  
Employer identification number: 31-0899309

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	188,046	184,595	171,325	145,371	131,894
<b>b</b> Contributions . . . . .	5,000		5,000	5,000	5,000
<b>c</b> Net investment earnings, gains, and losses	10,276	3,451	8,270	20,954	8,477
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	203,322	188,046	184,595	171,325	145,371

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		208,744		208,744
<b>b</b> Buildings . . . . .		1,729,165	1,095,700	633,465
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		542,025	542,025	
<b>e</b> Other . . . . .		890,558	645,072	245,486
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,087,695

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	101,955

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	13,567,129
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-4,054
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	32,892
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	80,049
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	108,887
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,458,242
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	7,345
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,345
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	13,465,587

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	14,075,336
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	32,892
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	80,049
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	112,941
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,962,395
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	7,345
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,345
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	13,969,740

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-0899309

**Name:** SCAN INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE FUNDS FROM INVESTMENTS TO FURTHER THE MISSION OF SCAN, INC.



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	SCAN IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE, AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. SCAN HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. SCAN IS ALSO EXEMPT FROM STATE INCOME TAXES. HOWEVER, SCAN IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. SCAN PROVIDES LIABILITIES FOR UNCERTAIN INCOME TAX POSITIONS WHEN A LIABILITY IS PROBABLY AND ESTIMABLE. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS THAT SHOULD BE RECOGNIZED, MEASURED OR DISCLOSED IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES SCAN IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS BEFORE SEPTEMBER 30, 2016.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT EXPENSES FROM GAMING AND FUNDRAISING ACTIVITIES 80,049

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT EXPENSES FROM GAMING AND FUNDRAISING ACTIVITIES 80,049

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization SCAN INC

Employer identification number 31-0899309

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.

- a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events

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.

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

All States

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>DUCK RACES</b> (event type)	<b>FALL PARTY</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	147,275	60,025	53,647	260,947
<b>2</b>	Less: Contributions . . . . .	147,275	60,025	35,536	242,836
<b>3</b>	Gross income (line 1 minus line 2) . . . . .			18,111	18,111
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .			18,111	18,111
	<b>8</b> Entertainment . . . . .		15,000		15,000
	<b>9</b> Other direct expenses . . . . .	15,185	5,294	4,524	25,003
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				58,114
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-40,003

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .			6,750	6,750
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .			15,185	15,185
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				21,935
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				11,145

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

**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>	100.000 %

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

Name ▶ JEFFREY GRIGGS

Address ▶ 500 W MAIN ST FORT WAYNE, IN 46802

**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 ▶ AMANDA DRAKEFORD

Gaming manager compensation ▶ \$ 7,297

Description of services provided ▶ RESOURCE DEVELOPMENT DIRECTOR

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 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for the latest information.

Name of the organization SCAN INC

Employer identification number

31-0899309

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) CHILL INC, 530 HOME AVE, FORT WAYNE, IN 46807, EIN 83-2065848, IRC 501C3, Amount 35,400, Purpose SUPPORT SVC DELIVERY.

- 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.

**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)					
(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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	MEMBERS OF SCAN'S MANAGEMENT TEAM ATTEND CHILL, INC'S QUARTERLY BOARD MEETINGS. ADDITIONALLY, CHILL, INC. IS REQUIRED TO PROVIDE PERIODIC REPORTS OF PROGRAM STATISTICS TO SCAN.



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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.

Department of the Treasury

Name of the organization  
SCAN INC

Employer identification number

31-0899309

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>COMMUNITY PARTNERS FOR CHILD SAFETY: THE COMMUNITY PARTNERS FOR CHILD SAFETY IS A STATEWIDE INITIATIVE DESIGNED TO HELP FAMILIES BEFORE THEY CROSS THE LINE INTO ABUSE OR NEGLECT. THROUGH THE COMMUNITY PARTNERS PROGRAMS, SCAN WORKS WITH OTHER LOCAL SOCIAL SERVICE AGENCIES TO OFFER CAREGIVERS HELP WITH SITUATIONS THAT ARE INTERFERING WITH THEIR ABILITY TO MANAGE THEIR FAMILIES. THE GOAL OF THESE PROGRAMS IS TO PROVIDE FAMILIES WITH IN-HOME, ONE-ON-ONE SERVICES THAT STRENGTHEN THE FAMILY AND PREVENT CHILD ABUSE OR NEGLECT. COMMUNITY PARTNERS SERVICES ARE OFFERED BY EXPERT PROVIDERS IN EVERY COUNTY IT SERVES. SERVICES INCLUDE SUPPORT, EDUCATION, AND ADVOCACY IN AREAS SUCH AS PARENTING AND DISCIPLINE, HOUSING, EMPLOYMENT, MEDICAL FOLLOW UP, BUDGETING, AND SCHOOL ISSUES. IN ADDITION, SCAN ALSO CONTRACTS WITH AND SUPERVISES VARIOUS PREVENTION PROGRAMS IN EACH COUNTY THROUGH LOCAL PREVENTION DOLLARS TO ADDRESS SPECIFIC NEEDS IN EACH COMMUNITY. THE NETWORK SERVES FAMILIES LIVING IN ADAMS, ALLEN, DEKALB, HUNTINGTON, LAGRANGE, NOBLE, STEUBEN, WELLS, AND WHITLEY COUNTIES. COMMUNITY PARTNERS OFFERS HELP TO FAMILIES LIVING IN CASS, ELKHART, FULTON, HOWARD, KOSCIUSKO, MARSHALL, MIAMI, ST. JOSEPH, AND WABASH COUNTIES.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>FAMILY PRESERVATION SERVICES: INCLUDES SERVICES PROVIDED BY PARAPROFESSIONAL, BACHELOR'S L LEVEL AND MASTER'S LEVEL STAFF. THE VARIOUS SERVICES UNDER THIS PROGRAM INCLUDE: FAMILY PRE SERVATION (PARAPROFESSIONAL &amp; BACHELOR'S LEVEL STAFF) HOME-BASED CASEWORK &amp; HOMEMAKER SERV ICES THESE ARE SERVICES FOR PARENTS TO DETER ANY FURTHER INCIDENTS OF CHILD ABUSE AND NEGL ECT. THE REFERRALS ARE MADE BY THE INDIANA DEPARTMENT OF CHILD SERVICES (DCS). PARAPROFESSIONAL (HOMEMAKER) AND BACHELOR-LEVEL STAFF (HOME-BASED CASEWORK) PROVIDE IN-HOME, HIGH QUA LITY, FAMILY CENTERED CASEWORK SERVICES TO PARENTS TO ENHANCE FAMILY RESILIENCE, SUPPORT N URTURING RELATIONSHIPS, AND CREATE A SAFE PHYSICAL ENVIRONMENT FOR THE FAMILY. SERVICE INC LUDES CRISIS RESPONSE THAT COMPRISE ASSESSMENT AND GOAL PLANNING TO MEET THE COMPLEX NEEDS OF FAMILIES. ONGOING SERVICES ARE PROVIDED TO ENSURE SAFETY IN THE HOME. FREQUENCY OF VIS ITS IS DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. VISITATION FACILITATION THIS IS A SE RVICE FOR CHILDREN THAT HAVE BEEN REMOVED FROM THE FAMILY DUE TO AN INCIDENT OF CHILD ABUS E OR NEGLECT AND THEIR PARENTS. THE REFERRALS ARE MADE BY DCS. THIS SERVICE OCCURS AT SCAN 'S OFFICES, A CLIENT'S HOME, OR IN A PUBLIC VENUE. THE GOAL OF A VISITATION IS TO KEEP THE CHILD(REN) SAFE WHILE IMPROVING RESILIENCE WITHIN THE FAMILY. THIS PROGRAM PLAYS A CRUCIA L ROLE IN ESTABLISHING OR IMPROVING THE BOND BETWEEN CHILDREN AND THEIR FAMILIES. FREQUENC Y OF VISITS ARE DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. TYPICALLY FAMILIES HAVE VIS ITS AT LEAST WEEKLY FOR TWO HOURS PER WEEK. FATHERHOOD THIS IS A SERVICE FOR FATHERS TO AS SIST WITH CO-PARENTING AND CONNECTING WITH THEIR CHILDREN. THE REFERRALS ARE MADE BY DCS. THIS SERVICE OCCURS IN A SCAN FACILITY, THE CLIENT'S HOME, OR IN A PUBLIC VENUE. THE GOAL OF THIS PROGRAM IS TO ENGAGE FATHERS WITH THEIR CHILDREN. SERVICES ARE FOCUSED ON PARENT E DUCATION USING 24/7 DAD'S CURRICULUM OR NURTURING PARENTING. FATHERS ARE LINKED TO SERVICE S NEEDED TO ADDRESS MENTAL HEALTH, MEDICAL, PROBATION/PAROLE, HOUSING, EMPLOYMENT, EDUCATI ON, FINANCIAL AND RELATIONSHIP NEEDS. FREQUENCY OF VISITS ARE DETERMINED BY THE NEEDS OF T HE FAMILY AND DCS. TYPICALLY FAMILIES HAVE VISITS AT LEAST WEEKLY FOR 1.5 TO 2.0 HOURS PER WEEK. FAMILY PRESERVATION (MASTER'S LEVEL STAFF) HOME-BASED FAMILY CENTERED THERAPY &amp; COU NSELING THIS IS A SERVICE FOR CHILDREN AND PARENTS TO ASSIST WITH DEALING WITH THE TRAUMA OF ABUSE OR NEGLECT. THE REFERRALS ARE MADE BY DCS OR JUVENILE PROBATION. A HOME- OR OFFIC E-BASED SERVICE FACILITATED BY A CLINICIAN THAT PROVIDES HIGH-QUALITY, INDIVIDUALIZED, STR UCTURED, GOAL-FOCUSED INTERVENTIONS FOR FAMILIES RECOVERING FROM ABUSE AND NEGLECT. FREQUE NCY OF VISITS IS DETERMINED BY THE NEEDS OF THE FAMILY AND DCS. TRAUMA-FOCUSED COGNITIVE B EHAVIORAL THERAPY THIS IS A SERVICE FOR CHILDREN WHO HAVE BEEN PHYSICALLY, SEXUALLY, AND/O R EMOTIONALLY ABUSED OR EXPOSED TO TRAUMA AND PARENTS AND CAREGIVERS WHO DID NOT PARTICIPA TE IN THE ABUSE. THE REFERRALS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4B	<p>ARE MADE BY DCS. THIS IS AN EVIDENCE-BASED HIGHLY COLLABORATIVE THERAPEUTIC INTERVENTION MODEL DESIGNED TO HELP CHILDREN AND THEIR PARENTS OVERCOME THE NEGATIVE EFFECTS OF TRAUMATIC LIFE EVENTS BY HAVING THEM WORK TOGETHER WITH A CLINICIAN AND CASE MANAGER TO IDENTIFY COMMON GOALS AND ATTAIN THEM. FAMILY CENTERED TREATMENT: COMPREHENSIVE SERVICE THIS IS A COMPREHENSIVE SERVICE FOR FAMILIES IMPACTED BY CHILD ABUSE AND NEGLECT. THE REFERRALS ARE MADE BY DCS OR JUVENILE PROBATION. THIS IS AN EVIDENCE-BASED, FAMILY-CENTERED TREATMENT APPROACH DESIGNED TO PRESERVE THE FAMILY UNIT. FAMILY CENTERED TREATMENT PROVIDES INTENSIVE HOME-BASED THERAPY, CASE MANAGEMENT, AND CRISIS INTERVENTION. THIS SERVICE REQUIRES A MINIMUM OF FIVE HOURS OF FACE TO FACE TIME PER FAMILY PER WEEK BY A LICENSED MASTER'S LEVEL PROFESSIONAL. THE FAMILY IS SERVED FOR A MINIMUM OF SIX MONTHS. FAMILY PRESERVATION SERVICE: COMPREHENSIVE SERVICE FAMILY PRESERVATION SERVICES IS DESIGNED FOR FAMILIES WITH A SUBSTANTIATED CASE OF ABUSE OR NEGLECT THAT DCS BELIEVES COULD SAFELY CARE FOR THEIR CHILDREN WITH APPROPRIATE ASSISTANCE AND SUPPORT IN THE HOME. FAMILY PRESERVATION SERVICES INCLUDE ASSESSMENT OF THE CHILD/PARENT/FAMILY RESULTING IN APPROPRIATE SERVICES THAT ARE BASED ON THE FAMILY'S NEEDS. THE CLEAR GOAL FOR THESE SERVICES IS TO PRESERVE THE FAMILY AND AVOID THE TRAUMA OF REMOVAL FOR THE CHILD, PROVIDED IT IS SAFE FOR THEM TO REMAIN WITH THEIR IDENTIFIED CAREGIVER. SERVICES ARE PROVIDED IN THE HOME, ARE COMPREHENSIVE IN NATURE, REQUIRE A MASTER'S DEGREE PROFESSIONAL AND A BACHELOR'S DEGREE PROFESSIONAL TO PROVIDE BOTH THERAPEUTIC INTERVENTION AND CASE MANAGEMENT SUPPORT. SERVICES ARE INTENSIVE AND NATURE, WITH REQUIRED WEEKLY SAFETY CHECKS. COMPREHENSIVE SERVICES ARE THE FASTEST GROWING SECTOR FOR SCAN, THE SERVICE LINE IS REIMBURSED ON A PER DIEM RATE.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4C	HEALTHY FAMILIES: THE HEALTHY FAMILIES PROGRAM HELPS PREVENT ABUSE AND NEGLECT BY WORKING ONE-ON-ONE WITH OVERWHELMED FAMILIES THAT ARE STRUGGLING TO BALANCE RAISING CHILDREN WITH LIVES DEMANDS. TARGETED TO HELP PARENTS OF NEWBORN CHILDREN, HEALTHY FAMILIES ENROLLS PARENTS DURING PREGNANCY OR IMMEDIATELY AFTER THE BIRTH OF THEIR CHILD OR WITHIN 3 MONTHS OF CHILDS BIRTH. MOST PARENTS ARE SCREENED IN THE HOSPITAL, IF THE FAMILY MEETS THE PROGRAM CRITERIA, THEY ARE ENROLLED IN THE PROGRAM. ONE-ON-ONE, IN-HOME SERVICES BEGIN WEEKLY AND CAN LAST ONE TO THREE YEARS. THE HEALTHY FAMILIES PROGRAM WORKS WITH PARENTS TO TEACH CHILD DEVELOPMENT AND AGE-APPROPRIATE EXPECTATIONS OF CHILDREN, TO ASSIST PARENTS IN BUILDING A STRONG NETWORK OF SUPPORT FROM FAMILY, NEIGHBORS, AND CHURCHES; TO HELP PARENTS DEVELOP BUDGETING, TIME-MANAGEMENT, AND STRESS-MANAGEMENT SKILLS TO BETTER BALANCE PARENTING AND HOME-MANAGEMENT, AND TO LINK FAMILIES TO COMMUNITY RESOURCES FOR HEALTH CARE, FINANCIAL AID, FOOD, HOUSING, SCHOOL-READINESS, CHILD CARE, JOB TRAINING, SUBSTANCE-ABUSE TREATMENT, AND OTHER MENTAL HEALTH ASSISTANCE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4D	<p>FAMILY CONNECTIONS-FAMILY CONNECTIONS OFFERS PROGRAMS TO HELP PEOPLE ADDRESS CONFLICT AND CHANGING FAMILY SITUATIONS DUE TO A DIVORCE, SEPARATION, OR PATERNITY ISSUES. PROGRAMS INCLUDE CO-PARENTING WORKSHOPS/CLASSES, KIDS &amp; DIVORCE WORKSHOPS, PARENTING COORDINATION, SUPERVISED PARENTING TIME, AND CONFLICT GROUPS. SOME OF THESE PROGRAMS REQUIRE A JUDGE'S ORDER AND/OR STIPULATION; OTHERS ARE COMPLETELY VOLUNTARY. WITHIN FAMILY CONNECTIONS, SCAN OFFERS THERAPEUTIC COUNSELING SERVICES ALONG WITH THERAPEUTIC VISITATION FACILITATION FOR VISITING PARENTS AND THEIR CHILDREN. IN JULY, SCAN EXPANDED THE FAMILY CONNECTIONS PROGRAM TO INCLUDE DOMESTIC VIOLENCE SERVICES FOR VICTIMS AND CHILDREN, AS WELL AS BATTERER'S INTERVENTION SERVICES. BE SOMEONE NOW (BSON)-BE SOMEONE NOW IS A PROGRAM OF NORTHEAST INDIANA WORKS AND SCAN SERVING YOUNG ADULTS FROM 16 TO 24 THAT HAVE SIGNIFICANT BARRIERS TO EMPLOYMENT AND ARE NOT ENROLLED IN TRADITIONAL SCHOOLING. SCAN PROVIDES SERVICES IN 11 COUNTIES IN NORTHEAST INDIANA INCLUDING ADAMS, ALLEN, DEKALB, GRANT, HUNTINGTON, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS, AND WHITLEY. YOUNG ADULTS ARE REFERRED BY GED PROGRAMS AND ALTERNATIVE SCHOOLS, PROBATION AND PAROLE, SOCIAL SERVICE ORGANIZATIONS, FAMILY MEMBERS, HIGH SCHOOL GUIDANCE COUNSELORS, AND BY OTHER PROGRAMS AT SCAN. STAFF ARE YOUNG ADULT ADVOCATES AND PROVIDE ASSISTANCE WITH IDENTIFYING EDUCATIONAL AND CAREER GOALS, INTENSIVE CASE MANAGEMENT TO ELIMINATE BARRIERS TO SUCCESS, INTENSIVE 10 WEEK SOFT SKILLS TRAINING, LEADERSHIP OPPORTUNITIES, TUTORING, JOB PLACEMENT, AND TUITION ASSISTANCE. DAYBREAK CRISIS HOMES-SCAN'S DAYBREAK CRISIS HOMES OFFERS EMERGENCY SHORT- TERM CARE FOR ALLEN COUNTY CHILDREN WHOSE PARENTS ARE IN CRISIS AND HAVE NO ONE ELSE TO CARE FOR THEIR CHILDREN. PRIMARILY SERVING NEWBORNS AND CHILDREN TO 10 YEARS OF AGE, DAYBREAK CAN ALSO ACCEPT OLDER SIBLINGS. CHILDREN OF OTHER AGES ARE APPROVED ON A CASE-BY-CASE BASIS.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 AND SUPPORTING DOCUMENTS ARE PRESENTED AND APPROVED BY THE FINANCE COMMITTEE. THE 990 AND SUPPORTING DOCUMENTS ARE THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND AVAILABLE ON SCAN'S INTERNAL WEBSITE.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE SCAN INC. OPERATIONS COMMITTEE REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY. THEY THEN REQUEST INFORMATION ON ANY CONFLICTS OF INTEREST. THE OPERATIONS COMMITTEE REPORTS TO THE BOARD ANY CONFLICT OF INTEREST. THE BOARD OF DIRECTORS REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSON, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSON, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE SCAN, INC. WEBSITE HAS INFORMATION FOR THE GENERAL PUBLIC ON HOW TO RECEIVE COPIES OF THE SCAN, INC. 990 AND SUPPORTING DOCUMENTS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	DIRECT EXPENSES FROM GAMING AND FUNDRAISING ACTIVITIES 80,049 DIRECT EXPENSES FROM GAMING AND FUNDRAISING ACTIVITIES -80,049

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SCAN INC

**Employer identification number**  
31-0899309

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> FAIRFIELD COMMUNITY HOME GP LLC 500 W MAIN STREET FORT WAYNE, IN 46802 46-1027430	INVESTMENT	IN	N/A	C CORP	-29	427,152	100.000 %		No
<b>(2)</b> NEIGHBORHOOD HOMES & APTS GP LLC 500 W MAIN STREET FORT WAYNE, IN 46802 82-4861514	INVESTMENT	IN	N/A	C CORP			100.000 %		No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>