Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

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 for instructions and the latest information.

Open to Public Inspection

A F	or th	e 2018 calendar year, or tax year beginning ar	nd ending					
В	Check if	C Name of organization		D Employer identifi	cation number			
	Addre		NC.					
	Name chang			45-4	294345			
	∏nitial return ∏Final	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	•				
L.	return termir				209-9960			
_	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	356,856.			
\vdash	return Applic		·	H(a) Is this a group re for subordinates				
L	tion pendii	SAME AS C ABOVE	. 0	H(b) Are all subordinates in				
1 7	ax ex	empt status X 501(c)(3)	1) or (1)52	¬n	list (see instructions)			
		te: WWW.ENTREPRENEURHOF.COM	10	H(c) Group exemptio				
		organization X Corporation Trust Association Other ▶	L Yea		A State of legal domicile: KY			
Pa	art I	Summary						
dı				IZATION'S MIS				
Governance	ĺ	RAISE AWARENESS OF THE IMPACT THAT ENTRE		··				
erna	l	Check this box if the organization discontinued its operations or disp	osed of mor	1 1	sets			
Š	i	Number of voting members of the governing body (Part VI, line 1a)		3	4			
		Number of independent voting members of the governing body (Part VI, line 1b)	l	4	$\frac{4}{7}$			
Activities &	l .	Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary)		5	<u>'</u>			
Ę	l	Total unrelated business revenue from Part VIII, column (C), line 12	1115	73	14,600.			
Ą	í	Net unrelated business taxable income from Form SOF, FOR FOR	1110	$\frac{70}{76}$	0.			
			<u> </u>	Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		256,763.	341,260.			
	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) NOV 1 9 2019 O NOV 1 9 2019		0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3 4, and 7d)		0.	0.			
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, (9) (30) (20)	<u>_</u>	-18,036.	9,987.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		238,727.	351,247.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)		6,000.	3,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	120 600	100 170			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	129,699.	192,179.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	173.	0.				
Αχ	D 17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	<u> </u>	43,280.	70,130.			
	l ''	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		178,979.	265,309.			
	l	Revenue less expenses Subtract line 18 from line 12	 	59,748.	85,938.			
- S	-10	The vertice 1633 experises Outstact line 16 from line 12	B	eginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)	<u> </u>	192,603.	286,320.			
ASS	21	Total liabilities (Part X, line 26)		-798.	6,981.			
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		193,401.	279,339.			
Pa	<u>irt II</u>	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is			
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	110			
		Signature of officer						
Sıgı		, ,		Date				
Her	е	BRIAN RANEY, PRESIDENT Type or print name and title						
Doto lo DIII								
Paid		Print/Type preparer's name JACOB M. SIZEMORE JACOB M. SIZEMORE JACOB M. SIZEMO	DRE	11/11/19 self employe	I			
Prep		Firm's name SIZEMORE CPA, PLLC		Firm's EIN	46-4279786			
Use		Firm's address 12 COURT SQUARE						
	•	LEBANON, KY 40033		Phone no. 27	0-692-9005			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
0000	11 10 0	LHA For Panerwork Reduction Act Notice, see the senarate instruct	ions		Form 990 (2018)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2018) AWESOME CENTER FOR ENTREPRENEURSHIP INC. 45-4294345 Page 2 rt III Statement of Program Service Accomplishments
Pai	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission
	THE ORGANIZATION'S MISSION IS TO RAISE AWARENESS OF THE IMPACT THAT ENTREPRENEURSHIP HAS MADE IN THE COMMONWEALTH AND ENCOURAGE OTHERS TO
	PURSUE SIMILAR AMBITIOUS ENDEAVORS.
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 X No
	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? [Yes X 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 \$191, 278. including grants of \$3,000.) (Revenue \$347,543.)
	THE ORGANIZATION ACCEPTED AND MENTORED 8 STARTUPS THROUGH THE AWESOME
	FELLOWSHIP PROGRAM
4b	(Code) (Expenses \$ 233 • including grants of \$) (Revenue \$ 1,000 •)
7.0	HOSTED THE ANNUAL ENTREPRENEUR HALL OF FAME CEREMONY WITH OVER 400
	ATTENDEES
4c	(Code) (Expenses \$ 2,787. including grants of \$) (Revenue \$ 2,805.)
	LAUNCHED A PODCAST SERIES TO TELL THE STORIES OF KENTUCKY ENTREPRENEURS
4d	Other program services (Describe in Schedule O)
+u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 194, 298.
	Form 990 (2018)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	'		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			••
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱ ا	- [v
	Part VI	<u>11a</u>		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	44.	- 1	v
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	-	<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
		116		
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	''' '		
124	Schedule D. Parts XI and XII	12a	1	Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	72.0		
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	, , , , , , , , , , , , , , , , , , , ,	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		<u>X</u>

AWESOME CENTER FOR ENTREPRENEURSHIP INC. 45-4294345 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes." complete Schedule R. Part V. line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note, All Form 990 filers are required to complete Schedule O 38

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compli	iance

Chack if Schodula O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this rank v						
					Yes	N	0
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_1a		0			
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	_1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	oortab	le gamıng	L			_
	(gambling) winnings to prize winners?			110	,		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 7 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 5ç 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

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For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing)		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	L		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No_
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	, , , , , , , , , , , , , , , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ν,	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		
	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$
b	Other officers or key employees of the organization	15b		^
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		
L	taxable entity during the year? If "Yes " did the experience follows a written policy or procedure requiring the organization to evaluate its participation.	16a		$\stackrel{f \Lambda}{-}$
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100 /		
17	List the states with which a copy of this Form 990 is required to be filed ▶KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) :		
,5	for public inspection indicate how you made these available. Check all that apply	Jy, 6		.5
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
.5	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			
	AWESOME INC 502-209-9960			
	348 E. MAIN STREET, LEXINGTON, KY 40507-1584			

Farm 000 (2010)	7.7.6

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

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

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

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

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

Name and Title Average hours per week (list any hours for related organizations below line) (1) BRIAN RANEY PRESIDENT (2) NICK SUCH VICE PRESIDENT (3) LUKE MURRAY COMMUNITY AMBASSADOR (4) KEITH MCMUNN PROGRAM OFFICER (5) EMILY WEHRLE EVENT COORDINATOR (6) NATHAN PORT Reportable compensation from related or check more than one box, unless person is both an officer and a director/busilee) (Indo not check more than one box, unless person is both an officer and a director/busilee) (I) BRIAN RANEY (Rist any hours for related organizations below line) (N'2/1099-MISC) Reportable compensation from related organizations (W 2/1099-MISC) (W 2/1099-MISC) (W 2/1099-MISC) N X X D O O O O O O O O O O O O O O	Check this box if neither the organization	n nor any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
Name of the Time	(A)	(B)			_ ((C)				(E)	(F)
hours per week (list any hours for related organizations below line) 1) BRIAN RANEY 10.00 RESIDENT 1.00 XX X X 0.0.0.0.0 72) NICK SUCH 1.00 XX X 0.0.0.0.0 73) LUKE MURRAY 20.00MINITY AMBASSADOR 44) KETH MCMUNN 40.00 RESORTION 5) SENITY WERKLE 20.00 XX 0.0.0.0.0 45,827.0.0.0 6) NATHAN PORT 1.00 XX 0.0.0.0.0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 0 13,3308.0.0.0.0 14,3208.0.0.0 15,3208.0.0.0 15,3208.0.0 1	Name and Title	Average	(do						•		
(ist any hours for related organizations below line) (ii) BRIAN RANEY 10.00 (iii) BRIAN RANESIDENT (iiii) BRIAN RANESIDENT (iii) BRIAN RANESIDENT (iiii) BRIAN RANESIDENT (iii) BRIAN			box	box, unless person is both an				n an		· ·	
10 BRIAN RANEY 10 0				cer an	10 a 0	T	T	lee)		l .	
10 BRIAN RANEY 10 0		1 '	ece				1		1		•
10 BRIAN RANEY 10 0			į į	ಕ್ಷಿ			aled			(W 2/1099-MISC)	
10 BRIAN RANEY 10 0			ustee	trust		₂₂	Suadu		(W-2/1099-MISC)		
10 BRIAN RANEY 10 0			l la	lonal		gold	e a	_			
10 BRIAN RANEY 10 0		l l	ndivid	l situ)Hicer	ey en	fighes mplo	e E			organization.
1.00 X	(1) BRIAN RANEY		_	 -	_	_					
VICE PRESIDENT	PRESIDENT		X		X				0.	0.	0.
1.00 X	(2) NICK SUCH	1.00									
COMMUNITY AMBASSADOR	VICE PRESIDENT		X		Х				0.	0.	0.
(4) KEITH MCMUNN PROGRAM OFFICER (5) EMILY WEHRLE EVENT COORDINATOR (6) NATHAN PORT CHAIRMAN (7) CHAIRMAN (8) CHAIRMAN (8) CHAIRMAN (9) CHAIRMAN (10) CHAIRMAN (11) CHAIRMAN (12) CHAIRMAN (13) CHAIRMAN (14) CHAIRMAN (15) CHAIRMAN (16) NATHAN PORT (10) CHAIRMAN (17) CHAIRMAN (18) CHAIRMAN (1	(3) LUKE MURRAY	1.00									
PROGRAM OFFICER (5) EMILY WEHRLE EVENT COORDINATOR (A) ATHAN PORT CHAIRMAN (B) ATHAN PORT CHAIRMAN (C) NATHAN PORT (C)	COMMUNITY AMBASSADOR		X	<u> </u>		_	<u> </u>		0.	0.	0.
(5) EMILY WEHRLE	(4) KEITH MCMUNN	40.00									
EVENT COORDINATOR (6) NATHAN PORT CHAIRMAN X 13,308. 0. 0. 0. 0. 0. 0. 0. 0. 0.			X	ļ		<u> </u>	<u> </u>		45,827.	0.	0.
(6) NATHAN PORT		20.00							4.0.00		
CHAIRMAN X 0. 0. 0. 0			X	<u> </u>		<u> </u>	<u> </u>		13,308.	0.	0.
		1.00									
	CHAIRMAN		X	<u> </u>					0.		0.
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Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				2)			(D)	(E)			(F)	
	Name and title	Average	(do not check more than one						Reportable Reportable			Estimated		
		hours per week	box.	unles	s per	rson i	s both	an	compensation	compensation			ount o	of
		(list any	ē	è				Ė	from from related the organizations			comp	ther ensa	tion
			o direc				2		organization	(W-2/1099-MIS		•	m the	
		related	stee o	rustee			ensat		(W-2/1099 MISC)			-	nızatı	
		organizations below	ual tru	onal t		ployee	comp						relate	
		line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F ormer				organ	nizatio	วทร
			=	=	0	12	포ᇸ							
				\vdash										
									FO 135		_			
	Sub-total								59,135.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							59,135.		0.			0.
d _2	Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to th	080	heter	de h) wh	o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable		-		<u> </u>
2	compensation from the organization	ot minited to the	036	113161	Jac	0000	, ,	016	cerved more than \$100,	ooo or reportable				0
												,	Yes	No
3	Did the organization list any former officer,	director, or tru	istee	, ke	y en	nplo	yee,	or h	nighest compensated en	nployee on	[
	line 1a? If "Yes," complete Schedule J for si	uch individual									ļ	3		<u> </u>
4	For any individual listed on line 1a, is the su	•								ne organization				
	and related organizations greater than \$150										ļ	4		X
5	Did any person listed on line 1a receive or a	•				-		late	ed organization or individ	lual for services	- 1		\rightarrow	
Soci	rendered to the organization? If "Yes." com	olete Schedule	J fo	or su	ch r	oers	on					5		X
	Complete this table for your five highest con	mnensated ind	000	ndon	+ 00	ntr	octor	c th	ant recoved more than \$	100 000 of comp	oncat	ion from	<u> </u>	
1	the organization Report compensation for t										e i isai	1011 1101	••	
	(A)				<u> </u>			T	(B)			(C)		
	Name and business	address	NC	ONE	:				Description of s	ervices	С	ompen		1
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								\perp						
							<u> </u>	\dashv						
								\dashv						
			-				-	寸	· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	to 1	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation 🕨				0)							- 1

45-4294345 AWESOME CENTER FOR ENTREPRENEURSHIP INC. Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b Membership dues 2,808. 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 338,452. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 341,260. h Total. Add lines 1a-1f Business Code 2 a Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 2,808. of including \$ contributions reported on line 1c) See 996. Part IV, line 18 5,609 b Less direct expenses -4,613.-4,613.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code**

900099

14,600.

14,600.

351,247.

14,600.

14,600.

0.

Miscellaneous Revenue

11 a MANAGEMENT FEES

e Total. Add lines 11a-11d

Total revenue See instructions

d All other revenue

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 respons			·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	3,000.	3,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	,			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees	45,828.	29,788.	11,457.	4,583.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	106,901.	100,247.	3,327.	3,327.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	06 151	10 044		2 661
9	Other employee benefits	26,151.	18,044.	4,446.	3,661. 1,862.
10	Payroll taxes	13,299.	9,176.	2,261.	1,862.
11	Fees for services (non-employees)				
а	Management				
b	Legal	425		425	
С		425.		425.	<u> </u>
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services See Part IV, line 17	-			
f	Investment management fees				
9	,	1,446.	998.	246.	202.
40	column (A) amount, list line 11g expenses on Sch O)	750.	750.	240.	202.
12	Advertising and promotion Office expenses	3,982.	750.	3,982.	
13 14	Information technology	3,702.	·	3,302.	
15	Royalties				
16	Occupancy	30,755.	15,378.	13,839.	1,538.
17	Travel	3077331	23,3,00	20,000.	1,0001
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,845.		2,845.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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 0)				
а	MENTOR EVENTS	16,917.	16,917.		
b	MISCELLANEOUS	12,982.		12,982.	
С	MEALS	28.		28.	
d					
е	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24e	265,309.	194,298.	55,838.	15,173.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if (ollowing SOP 98-2 (ASC 958-720)		<u> </u>		

286,320. Form **990** (2018)

<u>279,339.</u>

0.

31

32

33

0.

193,401.

192,603.

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

orm	990 (2018)	AWESOME	CENTER	FOR	E	NTREPRENE	URSHIP	INC.	<u>45-429</u>	<u>4345</u>	Pag	_{qe} 12
Pa	rt XI Reconciliation	n of Net Asse	ts									
	Check if Schedule	O contains a res	ponse or note	to any l	lıne	in this Part XI			<u></u>			
1	Total revenue (must equ	ual Part VIII, colum	nn (A), line 12)						1		1,2	
2	Total expenses (must ed	qual Part IX, colun	nn (A), line 25))					2		5,3	
3	Revenue less expenses	Subtract line 2 fr	om line 1						3		5,9	
4	Net assets or fund balar	nces at beginning	of year (must	equal Pa	Part	X, line 33, column	(A))		4	19	3,4	01.
5	Net unrealized gains (los	sses) on investme	nts						5			
6	Donated services and u	se of facilities							6			
7	Investment expenses								7			
8	Prior period adjustment	s							8			
9	Other changes in net as	sets or fund balar	nces (explain i	n Sched	dule	e O)			9			0.
10	Net assets or fund balar	nces at end of yea	ar Combine lir	nes 3 thr	roug	gh 9 (must equal F	art X, line 33,					
	column (B))								10	27	<u>9,3</u>	<u> 39.</u>
Pa	rt XII Financial Sta	tements and I	Reporting									
	Check if Schedule	e O contains a res	ponse or note	to any l	line	in this Part XII						<u> </u>
			-								Yes	No
1	Accounting method use			Cas		X Accrual	Other					
	If the organization chan								0			
2a	Were the organization's	financial stateme	nts compiled	or reviev	wed	by an independer	nt accountant	?		2a		X
	If "Yes," check a box be	elow to indicate w	hether the fina	ancial sta	tate	ments for the year	were compile	d or reviewed	l on a			
	separate basis, consolic	date <u>d ba</u> sis, or bo	th									
	Separate basis		lated basis			th consolidated ar		asis		ļ		لــيـا
b	Were the organization's									2b	-	X
	If "Yes," check a box be	elow to indicate w	hether the fina	ancial sta	tate	ments for the year	were audited	on a separat	e basis,	ł		
	consolidated basis, or b	ooth										
	Separate basis		lated basis	_		th consolidated ar	•			<u> </u>		
С	If "Yes" to line 2a or 2b,					•		versight of th	e audit,			
	review, or compilation of								_	2c		<u> </u>
	If the organization chan									<u> </u>		نــــــا
За	As a result of a federal a		ganization req	uired to	une	dergo an audit or a	audits as set f	orth in the Sir	ngle Audit	i		
	Act and OMB Circular A									3a		X
þ	If "Yes," did the organiz	-						ergo the requ	ired audit		'	
	or audite, evalua why in	Schodula O and	describe any	etane ta	akar	a to undergo such	audits			3b	I	I

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

			FOR ENTREPRI					5-429434	: 5
Part I	Reason for Public (Charity Status (All organizations must co	mplete th	ıs part) Se	e instructions			
The organ	ization is not a private found								
1 💍	A church, convention of chi	•		-		I)(A)(ı).	\sim	7	
2	A school described in sect							1	
з 🗀	A hospital or a cooperative					u).			
4	A medical research organiz	, ,				•	(iii). Enter	the hospital's n	ame,
. —	city, and state	, i					•	·	
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ui	nit describe	ed in	
•	section 170(b)(1)(A)(iv). (C		,,,		, , ,				
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organization that norma	•					e neneral i	oublic described	1 in
الليا ا	section 170(b)(1)(A)(vi). (C		ittiai part of its support if	om a gov	5////IO///LL	ariic or morri a	o gonorai i	345.10 40001.200	
8 🗌	A community trust describe		1VAVw) (Complete Par	E II A					
=	An agricultural research org				ed in conii	inction with a	land-grant	college	
9	or university or a non land g								
		grant conege or agrici	ulture (see mstructions)	Litter tile	manne, city	, and state of	ine conege	. 01	
10 X	university	lly recover (1) more	than 22 1/20/ of its supe	and from a	contributio	ne momboret	un foos an	d gross receipts	from
10 X	An organization that norma								
	activities related to its exem								
	income and unrelated busin		(less section 5 i i tax) iro	ım busines	sses acquii	rea by the org	anization	inter June 30, 13	113
\square	See section 509(a)(2). (Cor			(-A. O	4: 50	201-1141			
11	An organization organized a	•	•	-					
12	An organization organized a								
	more publicly supported or	=						Sheck the box in	1
_	lines 12a through 12d that	• •							
a	Type I. A supporting orga								
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting	
_	organization You must o	•							
b	Type II. A supporting org								
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaq	ge the supp	ported	
	organization(s) You mus	t complete Part IV,	Sections A and C.						
с		grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,	
	its supported organization	` ' '	•	-					
d _	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organi	zation(s)	
	that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	eness/	
	requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III		
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation				
f Ente	er the number of supported o	organizations							
	vide the following information							· · · · · · · · · · · · · · · · · · ·	
((i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1 10	in your govern	anization listed ing document?	(v) Amount of	-	(vi) Amount of	
	organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see inst	ructions)
					}				
				L	<u></u>				
					<u></u>				
	 								
									_
						l			
		-		 	t				

Schedule A (Form 990 or 990-EZ) 2018 A	WESOME CE	NTER FOR	ENTREPREN	EURSHIP II	NC. 45-429	4345 Page 2
Part II Support Schedule for (Organizations	Described in	Sections 170(b)(1)(A)(iv) and	Г 170(b)(1)(A)(vi) /
(Complete only if you checked	the box on line 5	, 7, or 8 of Part I c	or if the organizatio	n failed to qualify t	under Part III If the	organization
fails to qualify under the tests					/	
Section A. Public Support	_	•				
·····		/F) 0015	(=) 2016	(4) 2017	(e) 2018	(f) Total
Calendar year (or fiscal year beginning in)	(a)\ <u>2014</u>	(b) 2015	(c) 2016—	(d) 2017	(e) 4016	(f) Total
Gifts, grants, contributions, and					/	
membership fees received (Do not					/	
include any "unusual grants ")					/	
2 Tax revenues levied for the organ-	`	\		/	1 !	
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities					[
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a		`	\ /	1		
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
			l X			
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4 Section B. Total Support			<i>Y</i>		<u> </u>	
			1	1,0017	4) 2040	40 T-4-1
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4		 		 \ 	-	
8 Gross income from interest,		/				
dividends, payments received on		/				
securities loans, rents, royalties,		/				
and income from similar sources		/	<u> </u>			
9 Net income from unrelated business	/	1				
activities, whether or not the		1				
business is regularly carried on	/_			\		
10 Other income Do not include gain				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,
or loss from the sale of capital						
assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10	/					
12 Gross receipts from related activities,	etc (see instruction	ons)			12	
13 First five years. If the Form 990 is for			rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
organization, check this box and stop	'			•		▶□_
Section C. Computation of Publi	c Support Per	centage	.		1	
14 Public support percentage for 20/18 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15 Public support percentage from 2017					15	%
16a 33 1/3% support test - 2018. If the c			in line 13, and line	14 is 33 1/3% or m	nore, check this box	and
stop here. The organization qualifies	_				\	▶□
b 33 1/3% support test - 20/17. If the c				d line 15 is 33 1/3%	or more, check thi	s box
and stop here. The organization quali						\ ▶□
17a 10% -facts-and-circumstances test				e 13, 16a, or 16b,	and line 14 is 10% of	or more,
and if the organization meets the "faci						
meets the "facts and circumstances"					2 . 3 .	\ ▶□
b 10% -facts-and-circumstances test					17a, and line 15 is 1	10% or
more, and if the organization meets the						
organization meets the "facts-and-circ						\
organization meets the "racts-and-circ 18 Private foundation. If the organizatio						
/ Private foundation. If the organizatio	n did not check a	DON OF THE 13, 10	a, 100, 17a, 01 171		edule A (Form 990	
/				,		1

Schedule A (Form 990 or 990-EZ) 2018 AWESOME CENTER FOR ENTREPRENEURSHIP INC. 45-4294345 Page 3 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")		105,208.	329,228.	256,763.		691,199.
2	Gross receipts from admissions,						
	merchandise sold or services per						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		1,143.	676.	1,406.		3,225.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				ļ		
	or expended on its behalf						
5	The value of services or facilities	,					
	furnished by a governmental unit to	İ , , , , , , , , , , , , , , , , , , ,					
	the organization without charge						
6	Total. Add lines 1 through 5		106,351.	329,904.	258,169.		694,424.
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ŧ	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						0.
(Add lines 7a and 7b						0.
_ 8	Public support. (Subtract line 7c from line 6)			[<u> </u>		694,424.
Se	ction B. Total Support				, .		· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		106,351.	329,904.	258,169.		694,424.
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						ļ
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975			,			
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)		106 251	200 004	250 160		604 424
	Total support (Add lines 9, 10c, 11, and 12)	L	106,351.				694,424.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiz	ation,
~	check this box and stop here	a Command Day					
	ction C. Computation of Publi					45	100.00 %
	Public support percentage for 2018 (I		-	column (f))		15	
16		•			· · · · · · · · · · · · · · · · · · ·	16	100.00 %
	ction D. Computation of Inves			10 1 (0)		47	.00 %
17	Investment income percentage for 20			ne 13, column (f))		17	.00 % %
18					45 45 0	18	
19	a 33 1/3% support tests - 2018. If the						/ is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ries as a publicly s	upported organiza	110M	
١	o 33 1/3% support tests - 2017. If the						11 IU
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 190, check th			0 or 990-FZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 AWESOME CENTER FOR ENTREPRENEURSHIP INC. 45-4294345 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting (Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		J
'		
2		
<u> </u>		
3a		
3b		
<u> </u>		
3c		
4a		
<u> </u>		
4b		
4c		
5a		
5b 5c		
JC		
6		
7		
<u> </u>		
8	-	
L		
9a		
<u></u>		
9b		
9c		
10a		
10b		
1 100		

	edule A (Form 990 or 990-EZ) 2018 AWESOME CENTER FOR ENTREPRENEURSHIP INC. 45-42 of IV Supporting Organizations (central of IV)	29434	5 P	age 5
Ра	rt IV Supporting Organizations (continued)		Yes	- No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		[[
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u> </u>
	supervised, or controlled the supporting organization.	2	<u></u>	<u> </u>
Sec	tion C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ł
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u></u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			т —
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>	├	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>		\vdash
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	├	₩
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		\vdash
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	`		
' a	The organization satisfied the Activities Test Complete line 2 below	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions)	1	
2	Activities Test Answer (a) and (b) below.	ii uciioi is)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			L
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting			45-4294345 Page 6
 1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
·	other Type III non-functionally integrated supporting organizations must c	_		art vi) Gee mad decions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		<u> </u>	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7	<u> </u>	
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			,
	factors (explain in detail in Part VI)			•
2	Acquisition indebtedness applicable to non exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non functional	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Sche Pa i	dule A (Form 990 or 990-EZ) 2018 AWESOME CENTED Type III Non-Functionally Integrated 509(R FOR ENTREPREI	NEURSHIP INC. 4 Inizations (continued)	5-4294345 Page 7
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
_ <u>b</u>	From 2014			
c	From 2015			
_ <u>d</u>	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e			·
_ 9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			·
a	Applied to underdistributions of prior years			
_ <u>b</u>	Applied to 2018 distributable amount			
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions	· · · · · · · · · · · · · · · · · · ·		
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c	!		
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			<u></u>
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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)
- ,	(See matterional)
	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

18 Open to Public Inspection

OMB No 1545-0047

Employer identification number

Name of the organization AWESOME CENTER FOR ENTREPRENEURSHIP INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds of

45-4294345

	organization answered "Yes" on Form 200 Port IV Ive		Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(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 w	vriting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	<u>-</u>	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?	condition activities and condition perpose	Yes No
Pa		janization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ecture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the	<u> </u>
•	year ▶	adde, antingaranes, er terrimizates by the	organization coming the tax
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		,
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year
	▶ \$		3 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati		
_	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther 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	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		•
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of pul	blic 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 trea	sures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1	, ,	> \$
	Assets included in Form 990, Part X		> \$

		CENTER FO						<u>45-42</u>			_{ge} 2
Pa	t III Organizations Maintaining C	ollections of Ar	<u>t, Hist</u>	orical Tre	easures, or	Other S	<u>Simila</u>	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that a	are a signi	ificant u	ise of its c	collection	tems	
	(check all that apply)										
а	Public exhibition	c		Loan or exc	hange progran	ns					
b	Scholarly research		ş- [<u>-</u>	Other <u>·</u> -	<u>.</u>	-			<u> </u>		=
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organization	's exemp	t purpo	se in Part	XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical treas	sures, or other	sımılar as	sets		_		
-	to be sold to raise funds rather than to be ma								Yes	\Box	No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Y	es" on Fo	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other asse	ts not inc	luded		_		
	on Form 990, Part X?								_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f_				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial accour	nt liability	?	L	」Yes	\sqsubseteq	No
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part I\	/, line 10					
		(a) Current year	(b) F	rior year	(c) Two years	back (d) Three y	ears back	(e) Four	years b	<u>ack</u>
1a	Beginning of year balance								ļ. <u>-</u>		
b	Contributions										
С	Net investment earnings, gains, and losses				ļ						
d	Grants or scholarships										
e	Other expenditures for facilities				ł						
	and programs								ļ		
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a))) held as						
а	Board designated or quasi-endowment	 	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held ar	nd administered	d for the d	organiza	ation	_		
	by									Yes	<u>No</u>
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3 <u>a(</u> 11)	_	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a S	ee Form 990, F	Part X, lin	e 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acci	umulate	ed	(d) Book	value	
		basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other		-								
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X. colum	nn (B). line 10	Oc.)						0.

		11b See Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co.	st or end of year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	· · · · · · · · · · · · · · · · · · ·		
(E)			<u>.</u>
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (8) line 12.)	 .	<u></u> _	·····
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		11c See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation Cos	st or end of-year market value
			·
(2)			
(3)			
(4)			
(5)			
(6)			 -
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets.	6 000 5 1111	44.0 5 000 0 4	-
Complete if the organization answered "Yes" o		11d See Form 990, Part X, line 1	
	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
_(5) _(6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	n Form 990, Part IV, line		line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability.	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, (b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	n Form 990, Part IV, line	(b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) CREDIT CARDS	n Form 990, Part IV, line		line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	n Form 990, Part IV, line	(b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	n Form 990, Part IV, line	(b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5)	n Form 990, Part IV, line	(b) Book value	Inne 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6)	n Form 990, Part IV, line	(b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7)	n Form 990, Part IV, line	(b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line	(b) Book value	line 25
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7)	n Form 990, Part IV, line	(b) Book value	line 25

Sche	dule D (Form 990) 2018 AWESOME CENTER FOR ENTREP	RENEURSHIP INC.	45-4294345 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per I	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pai	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	irt IV, lines 1b and 2b, Part V, line	e 4, Part X, line 2, Part XI,
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac		
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			-
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	

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

Name of the organization

Part

CHEDULE I	Grants and Other Assistance to Organizations,	OMB No 1545-0047	•
orm 990)	Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2018	
spartment of the Treasury ternal Revenue Service	Attach to Form 990.	Open to Public	
ame of the organization		Employer identification number	
	AWESOME CENTER FOR ENTREPRENEURSHIP INC.	45-4294345	
Part I General	Part I General Information on Grants and Assistance		
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to	criteria used to award the grants or assistance?	X Yes	

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

	(h) Purpose of grant or assistance					Schedule I (Form 990) (2018)
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	(g) Description of noncash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)					
	(e) Amount of non-cash assistance		·			
	(d) Amount of cash grant				line 1 table	
	(c) IRC section (if applicable)				d government organizations listed in the line 1 table listed in the line 1 table	see the Instructions for Form 990.
	(b) EIN					
recipient that received more than \$	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 45-4294345 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 (d) Amount of non-cash assistance AWESOME CENTER FOR ENTREPRENEURSHIP INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) 832102 11-02-18 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

AWESOME CENTER FOR ENTREPRENEURSHIP INC.

Inspection Employer identification number 45-4294345

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMONWEALTH AND ENCOURAGE OTHERS TO PURSUE SIMILAR AMBITIOUS
ENDEAVORS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WAS PRESENTED AT BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWS POLICY QUARTERLY AND DISCUSSES WITH OFFICERS, DIRECTORS AND KEY
EMPLOYEES TO MAKE SURE NO CONFLICTS EXIST
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST
T T
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