Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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

\overline{A}	For the	e 2018 calendar year, or tax year beginning JUL 1, 2018 and ending	JUN 30	0, 2019				
_	Check if	C Name of organization		loyer identifica	ation number			
_	applicabl	e Chambon or organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Г	Addre	S CALDERA						
H	chang Name			94-32	35649			
\vdash	chang lnitial	· · · · · · · · · · · · · · · · · · ·	auta E Talaa		33043			
누	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telep	ohone number	027 2061			
Ц				(503)				
_	ated	City or town, state or province, country, and ZIP or foreign postal code		receipts \$	4,040,794.			
느	return	PORTLAND, OR 97209		this a group ret				
	Application pendir	F Name and address of principal officer BRIAN DETMAN	for	subordinates?	Yes X No			
		SAME AS C ABOVE		all subordinates inc				
<u></u>	Tax-exe	empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 1	<u> \$52</u> 7 If"	No," attach a li	st (see instructions)			
J	Websit	te: ► WWW.CALDERAARTS.ORG	/ H(c) Gro	oup exemption	number 📐			
K	Form of	organization: X Corporation Trust Association Other	Year of formation	on: 1995 M	State of legal domicile: OR			
	art I	Summary						
_	1	Briefly describe the organization's mission or most significant activities SEE SCHI	EDULE O		<u> </u>			
Governance	'							
ē	2	Check this box If the organization discontinued its operations or disposed of	more than 259	% of its net ass	ets			
Ver	2	Number of voting members of the governing body (Part VI, line 1a)	more than 257	3	17			
Ĝ	3			- - - - - - - - - -	17			
⋖ŏ	7	Number of independent voting members of the governing body (Part VI, line 1b)		4				
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	95			
₹	1	Total number of volunteers (estimate if necessary)		6	45			
Activities	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990 T, line 38		7b	0.			
		Contributions and grants (Part VIII, line 1h)		Year	Current Year			
a	8		2,60	69,057.	3,663,324.			
Revenue	9	Program service revenue (Part VIII, line 2g)	16	62,567.	107,845.			
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		02,685.	221,134.			
æ	11	Other revenue (Part VIII), selumn (A), knop 5, 6d, 8e, 9e, 10e, and 11e)		-7,121.	-84,354.			
				27,188.	3,907,949.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		36,670.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			30,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)	1 0	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,2	76,377.	1,168,726.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 300,798.			- 			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,13	31,328.	1,145,126.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,44	44,375.	2,343,852.			
		Revenue less expenses Subtract line 18 from line 12		82,813.	1,564,097.			
20			T	Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		23,479.	23,734,426.			
SS	20			83,874.	49,107.			
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)			23,685,319.			
		Net assets or fund balances Subtract line 21 from line 20	41,4.	39,6 <u>05.</u>	23,003,313.			
-	art II	Signature Block			l da da a a a d b alad da a			
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and s			knowledge and dellet, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any ki	nowledge.	2152			
		- /VVVVVJ/YLDVUNULL		<u> 1-10</u>	0000			
Sig	ın	Signature of officer W	τ	Date				
Here Mary Normann, Board SECTETARY								
		Type or print name and title		1				
_		Print/Type preparer's name Preparer's signature	Date	Check	PTIN			
Pai	d	YEE LEE MCGEE	12/10	7/ Self-employed	P01294356			
	parer	Firm's name GARY MCGEE & CO. LLP	- - / -	Firm's EIN	<u> </u>			
				THILL S CITY				
USE	Only	Firm's address 808 S.W. THIRD AVENUE, SUITE 700		Dhan / E 0	2 \ 200 2515			
	PORTLAND, OR 97204 Phone no. (503) 222-2515							
<u>Ma</u>	y the If	RS discuss this return with the preparer shown above? (see instructions)			Yes No			
832	001 12-3	11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2018)			

<u>orm</u>	990 (2018) CALDERA 94-3235649 Page	<u> </u>
<u>Par</u>	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission	
	CALDERA'S VISION IS A WORLD THAT EMBRACES THE POWER OF CREATIVITY IN	
	ALL PEOPLE. CALDERA SERVES AS CATALYST FOR THE TRANSFORMATION OF	_
	UNDERSERVED YOUTH THROUGH INNOVATIVE YEAR-ROUND ART AND ENVIRONMENTAL	_
	PROGRAMS.	
		—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7?	
		0
	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?	0
	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 \$ 1,572,737. including grants of \$ 30,000.) (Revenue \$ 107,845.	<u>.</u>)
		_
	CALDERA'S ARTISTS IN RESIDENCE PROGRAM SUPPORTS OUR CREATIVE COMMUNITY	
	WITH TIME AND SPACE AT OUR ARTS CENTER NEAR SISTERS, OREGON. FROM	
	DECEMBER THROUGH MARCH, CALDERA'S TWO- TO THREE-AND-A-HALF-WEEK	_
	RESIDENCIES PROVIDE 50 ARTISTS, CREATIVES, AND CULTURAL WORKERS IN ALL	_
	DISCIPLINES WITH THE OPPORTUNITY TO BUILD SKILLS, RELATIONSHIPS, AND	_
	PROJECTS THAT INSPIRE GROWTH, COMBAT OPPRESSION, AND ACTIVATE CHANGE	_
	FOR CULTURAL AND ENVIRONMENTAL JUSTICE, WHILE DRAWING INSPIRATION FROM	—
	EACH OTHER AND THE NATURAL ENVIRONMENT SURROUNDING OUR ARTS CENTER.	_
		—
	RESIDENTS ALSO PROVIDE INSPIRING, CULTURALLY-RELEVANT LEARNING	
	EXPERIENCES TO CALDERA'S YOUTH PROGRAM STUDENTS, AND TO CENTRAL	
	OREGON'S GENERAL PUBLIC. CONTINUED ON SCHEDULE O.	
4b	(Code) (Expenses \$	_)
		—
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$	<u> </u>
	(COURT) (Expenses a linearing grants of a l	- ′
		_
		_
		_
		—
		—
		—
		_
		—
		_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,572,737.	_
	Form 990 (20)	18)

235649 Page 3 **CALDERA** Form 990 (2018) Part IV | Checklist of Required Schedules Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х 2 is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes." complete Schedule C. Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D. Part III. 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11c assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII d 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Form 990 (2018) CALDERA

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l <u></u>
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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	25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			•
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
06	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30_		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 19			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С				:
	(gambling) winnings to prize winners?	1c		<u></u>
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<u>Par</u>	t V 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,			
	filed for the calendar year ending with or within the year covered by this return 2a 95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	Х	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		Α
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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-00		
0a	any contributions that were not tay deductible as chartable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
Ŭ	to file Form 8282?	7c		X
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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	Α
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Α
8	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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	• 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		l :	١.
11	Section 501(c)(12) organizations. Enter		`*	
а	Gross income from members or shareholders N/A 11a			,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	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			-
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		<u> </u>	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	_15	 	X
	If "Yes," see instructions and file Form 4720, Schedule N	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

If "Yes," complete Form 4720, Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 17 1a Enter the number of voting members of the governing body at the end of the tax year 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. 17 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed POR 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website W Upon request 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 State the name, address, and telephone number of the person who possesses the organization's books and records TIFFANY VERGARA, FINANCE AND OPERATIONS DIRECTOR - (503) 937-3061 224 N.W. 13TH AVENUE, SUITE 304, PORTLAND,

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Form 990 (2018) CALDERA

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

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

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

(A)	(B)			(0	- >)			(D)	(E)	(F)
Name and Title	Average	(do		Posi			one	Reportable	Reportable	Estimated
	hours per			ss pe d a d				compensation	compensation	amount of
	week	 	, or an			7.0.03	T	from the	from related organizations	other compensation
	(list any hours for	trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	ıal tru		oyee	adwo		,		and related
	below	Individual t	Institutional trustee	Ja;	Key emptoyee	Highest compensated employee	朣			organizations
	line)	直	Inst	Officer	Key	훈	Former			
(1) DAVID CHEN	1.00								0	0
BOARD MEMBER	4 00	X	<u> </u>					0.	0.	
(2) KARRELLE DIXON	1.00								0	0
BOARD MEMBER	1 00	X	_					0.	0.	0.
(3) MYRLIE EVERS-WILLIAMS	1.00								•	•
EMERITUS BOARD MEMBER	4 00	Х						0.	0.	0.
(4) JOY FOWLER	1.00								•	•
BOARD MEMBER	1 00	X						0.	0.	0.
(5) SCOTT HOWARD	1.00									•
BOARD MEMBER	1 00	Х				-	_	0.	. 0.	0.
(6) JOHN JAY	1.00								•	^
EMERITUS BOARD MEMBER	1 00	Х		_	_	-		0.	0.	0.
(7) KEESHA JEAN-BAPTISTE	1.00								0	•
BOARD MEMBER	1 00	X			-		_	0.	0.	0.
(8) CRISTY LANFRI	1.00								•	
BOARD MEMBER	4 00	X					<u> </u>	0.	0.	0.
(9) WES LAWRENCE	1.00								0	•
BOARD MEMBER	1 00	X			_			0.	0.	0.
(10) DAVID LUHR	1.00								•	_
BOARD MEMBER	1 00	X	_	-			<u> </u>	0.	0.	0.
(11) BARBARA MACDOUGALL	1.00								0	_
BOARD MEMBER	1 00	X			_		-	0.	0.	0.
(12) DAN WIEDEN	1.00								^	_
BOARD MEMBER	1 00	Х	_		_	⊢		0.	0.	0.
(13) DENNIS WILDE	1.00	,,							^	_
BOARD MEMBER	1 00	X	-	-				0.	0.	
(14) BOB WOODELL	1.00								•	_
BOARD MEMBER	4 00	X	<u> </u>	_		-	-	0.	0.	0.
(15) RENE MITCHELL	4.00								•	0
BOARD CHAIR	0.00	X	-	X	├—	-		0.	0.	0.
(16) MARY NORMAND	2.00								^	
SECRETARY	0.00	X	<u> </u>	X			-	0.	0.	_0.
(17) CINDY CAMPBELL	2.00								_	_
TREASURER	<u> </u>	X		X	<u>L</u>	L_	<u> </u>	0.	0.	0. Form 990 (2018)

Part VII Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C		 ':			
(A)	(B) (C) Average Position					1		(D)	(E)	(F) le Estimate		
Name and title	Average hours per	(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	,		nated unt of	
	week	ek officer ar						from	from related			ner
	(list any	rector						the	organizations		•	nsation
	hours for related	ip so a	_ a			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(د		n the ization
	organizations	truste	al trus)ee	шреп		(W-2/1099-WIISO)			and re	
	below	Individual trustee or director	Institutional trustee	55	Key employee	Highest compensated employee	æ				organi	zations
	line)	豆	ᆲ	Officer	Xe.	Hig	호			+		
(18) BRIAN DETMAN	40.00	-		,,				00.061		_	_	040
EXECUTIVE DIRECTOR		1	-	Х		\vdash		98,861.		0.		<u>,948.</u>
	-	1										
										\neg		
	-	l										
										\dashv		
		-							· I			
			-		-					\dashv		
		1										
									·· ·	\dashv		
	•											
		-										
4.01					<u> </u>		_	98,861.		0.		,948.
1b Sub-total c Total from continuation sheets to Part V	I Section A							96,861.		0.		.9 <u>48.</u> 0.
d Total (add lines 1b and 1c)	ii, Section A							98,861.		0.	6	,948.
Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wh	o r		,000 of reportable			
compensation from the organization												0
										_	Y-	es No
3 Did the organization list any former officer,		uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s			_							-	3	X_
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization	-	4	X
5 Did any person listed on line 1a receive or a									dual for services		-	<u>A</u>
rendered to the organization? If "Yes," com					_			tod organization or man	GGG, 10, GG, 1, GG		5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	rs 1	that received more than	\$100,000 of comp	ensat	ion from	n
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	thi	n the organization's tax	/ear			
(A) Name and business	address						l	(B) Description of s	envices	Col	(C) mpensa	ation
THE CAPROCK GROUP INC.,		ר גר	-TO				-	Beschphorrer			-	
STREET, SUITE 200, BOISE								INVESTMENT A	DVISOR		123	,859.
	,		_									
												
						_	-					
2 Total number of independent contractors (i	ncludina but n	ot li	mıte	d to	tho	se lis	itec	d above) who received m	ore than			-
\$100,000 of compensation from the organi	_					1						
									 _	F	orm 99	(2018)

Form 990 (2018) CALDERA
Part VIII Statement of Revenue

# 777 W		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII	<u> </u>	(0)	(5)
					(A) c Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a		AND STANDING		STALL MENTS	
Contributions, Gifts, Grants and Other Similar Amounts	. b		1b					
اڠ ي		Fundraising events	1c	438,331.				4.07
ii ii		Related organizations	1d	-				
ا ۾ ي	e	´ O		76,958.				
ë is	f			, , , , , , , , ,		4.7		
돌힐		similar amounts not included above		148,035.				
풀힌	a	Noncash contributions included in lines	4	288,500.				
걸림	_	Total. Add lines 1a-1f	.u v		3,663,324.			
		Totali too mee ia	,	Business Code	DEALTHER STATE OF THE PROPERTY OF	4273.7620.76	WATER THE P	TANK DECKAR
a .	2 a	RENTAL INCOME	-	531190	104,625.	104,625.		
Š.	2 a b	DDOGDAM FFFG	,	812900	3,220.	3,220.		,
Ser	~	INCOIGHT TEED		012300	3/2201	,	*,	
Program Service Revenue	ن تر	,		-				
Peg	· u							
옵	4	All other program conuce roug				,	,1	• • •
-	Ţ	All other program service reve	nue		107,845.		THE ELIZATION OF THE SERVICE SERVICES AND THE SERVICES AN	attiv tilbitid
		Total. Add lines 2a-2f			107,845.	20 7. 20.00 CARR BEAUTY	Come Combined and I to the Trust on the	Control of the State of the Sta
	3	Investment income (including	aiviaenas, intere	est, and	221 124	_		221,134.
		other similar amounts)			221,134.			221,134.
	4	Income from investment of tax	k-exempt bona p	roceeas				
	5	Royalties		>	North Carles and Allegan	15080089299995144753	ENGERGRADISTICS	e chiarrante de la
·.			(ı) Real	(II) Personal			OF THE STREET	
	6 a							
	b	·						
	С	• •	,	L				
		Net rental income or (loss)		· •	ACTES TOTAL S STATES WAS ASS	2210401 11 3244125 11 107001 11 11 1	THUNGSON ST. S. T.	Zaco wasa wasan wasanii
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	p	Less cost or other basis						
		and sales expenses						
	С	: Gain or (loss)	٠.					
	d	Net gain or (loss)		· •		200. 2	1973 Mr. 1 2052 Marc	
<u>a</u>	8 a	Gross income from fundraising						
enne		including \$ 438,3	31. of			1		
ě		contributions reported on line	1c) See					
Other Reve		Part IV, line 18	а	42,922.				
Ě	b	Less direct expenses	b	132,845.			34534	
0	С	: Net income or (loss) from fund	Iraising events	_	-89,923.		•	-89,923.
	9 a	Gross income from gaming ac	tivities See	· -				
		Part IV, line 19	´ a					
	b	Less direct expenses	· b					
	С	Net income or (loss) from gam	ing activities	•				
	10 a	Gross sales of inventory, less	returns	1				
		and allowances	а					57504533
	b	Less cost of goods sold	b					
	с	: Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code			TATELANGU	<u> Parakara</u>
	11 a	OTHER INCOME		900099	5,569.			5,569.
	b							
	c	-	-	. ,			-	
	ď	All other revenue					/ 45	
		Total. Add lines 11a-11d			5,569.		KERRORETA.	THE PARTY OF
	12	Total revenue See instructions		•	3,907,949.	107,845.	0.	136,780.
83200	9 12-3					,		Form 990 (2018)

Form 990 (2018) CALDERA 94 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)

Sect	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								
	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								
	ındıvıduals See Part IV, line 22	30,000.	30,000.						
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	117,317.	17,598.	5,865.	<u>93,854.</u>				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)				110 010				
7	Other salaries and wages	850,975.	558,486.	174,426.	118,063.				
8	Pension plan accruals and contributions (include			4 500					
	section 401(k) and 403(b) employer contributions)	8,000.	5,056.	1,580.	1,364.				
9	Other employee benefits	90,380.	57,089.	17,844.	15,447.				
10	Payroll taxes	102,054.	61,062.	19,109.	21,883.				
11	Fees for services (non-employees)								
а	Management	100		100					
b	Legal	198.		198. 23,904.					
C	Accounting	23,904.	<u>-</u>	23,904.					
d	Lobbying				<u></u>				
e	Professional fundraising services. See Part IV, line 17	160 045		169,045.					
f	Investment management fees	169,045.		109,045.					
g	Other (If line 11g amount exceeds 10% of line 25,	150,106.	93,295.	22,976.	33,835.				
40	column (A) amount, list line 11g expenses on Sch 0.)	130,100.	93,493.	44,910.	33,033.				
12	Advertising and promotion	98,512.	96,617.	1,786.	109.				
13	Office expenses	30,312.	30,017.	1,700.	107				
14	Information technology				·				
15	Royalties	82,669.	79,618.	1,465.	1,586.				
16 17	Occupancy Travel	22,523.	21,124.	855.	544.				
17	Payments of travel or entertainment expenses	22,323.	21,124,	033.	311.				
18	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	11,445.	5,001.	6,034.	410.				
20	Interest	153.	43.	90.	20.				
21	Payments to affiliates	100							
22	Depreciation, depletion, and amortization	374,914.	374,914.		<u> </u>				
23	Insurance	81,107.	65,283.	15,824.					
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	REPAIRS AND MAINTENANCE	68,442.	67,301.	545.	596.				
	MISCELLANEOUS	31,792.	10,096.	8,630.	13,066.				
c	MEALS	30,316.	30,154.	141.	21.				
d		,	,						
	All other expenses		"-"						
25	Total functional expenses Add lines 1 through 24e	2,343,852.	1,572,737.	470,317.	300,798.				
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 following SOP 98-2 (ASC 958-720)								
92201	0. 12-31-18				Form 990 (2018)				

rai	ŢΧ	balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	528,781.	2	362,487.
	3	Pledges and grants receivable, net	84,220.	3	319,065.
	4	Accounts receivable, net	31,585.	4	138,532.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	•		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	`		*
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,296.	9	<u>17,742.</u>
	10a	Land, buildings, and equipment cost or other	•		,
		basis Complete Part VI of Schedule D 10a 15, 158, 285.			
	b	Less accumulated depreciation 10b 6,004,936.	9,253,907.	10c	9,153,349.
	11	Investments - publicly traded securities	9,122,289.	11	9,974,362.
	12	Investments - other securities See Part IV, line 11	2,491,401.	12	3,768,889.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,523,479.	16	23,734,426.
	17	Accounts payable and accrued expenses	76,124.	17	40,357.
	18	Grants payable		18	
	19	Deferred revenue	7,750.	19_	8,750.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,	·	Ì	
Liabilities		key employees, highest compensated employees, and disqualified persons			32
iab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u>-</u> ,
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	02.054	25	40 107
	26_	Total liabilities. Add lines 17 through 25	83,874.	26	49,107.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			, i
Ses		complete lines 27 through 29, and lines 33 and 34.	10 042 000		10 006 400
anc	27	Unrestricted net assets	10,943,909.	27	10,886,402.
Bal	28	Temporarily restricted net assets	1,995,696.	28	2,602,971. 10,195,946.
5	29	Permanently restricted net assets	8,500,000.	29	10,195,946.
Ĩ.		Organizations that do not follow SFAS 117 (ASC 958), check here	;		
ğ		and complete lines 30 through 34.	3		
set	30	Capital stock or trust principal, or current funds	-	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	21 420 605	32	22 605 210
_	33	Total net assets or fund balances	21,439,605.	33	23,685,319.
	_34	Total liabilities and net assets/fund balances	21,523,479.	34	23,734,426.

Form	1 990 (2018) CALDERA	94-	3235649	_ Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,34	<u>3,8</u>	<u>52.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1,56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,43	9,6	05.
5	Net unrealized gains (losses) on investments	5	68	<u>1,6</u>	<u> 17.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7		<u>. </u>	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	23,68	<u>5,3</u>	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			\$, ` ` [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		·	لنسا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			ا مرا
	separate basis, consolidated basis, or both		* 55	,	
	Separate basis Consolidated basis Both consolidated and separate basis			, 	لتنسا
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	1		
	consolidated basis, or both		, -	. '	. [
	X Separate basis Consolidated basis Both consolidated and separate basis			مبتشلا	انسندا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	Mayorigo.com.y	<u> </u>	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	lit]		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 94-3235649 **CALDERA** Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ■ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, 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) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (n) EIN in your governing document organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2018 CALDERA 94-3235649 Page 2
Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section 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 ")	3,078,311,	2,124,143,	2,887,763.	2,669,057.	3,663,324.	14,422,598.	
2	Tax revenues levied for the organ-	, ,						
	ization's benefit and either paid to				•		•	
	or expended on its behalf			,				
3	The value of services or facilities				-			
	furnished by a governmental unit to					١ .		
	the organization without charge	;				, i		
4	Total. Add lines 1 through 3	3,078,311.	2 124 143.	2,887,763.	2,669,057.	3,663,324.	14,422,598.	
5	_	MATERIA PAR						
	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)						8,979,302 <u>.</u>	
່ 6	Public support. Subtract line 5 from line 4	200 July 100 100 100 100 100 100 100 100 100 10			430,200,000 G		5 443 296	
	ction B. Total Support	10.5.1 25	3.80 4 4 4 4 4 5 5 1	We kneed to the land of the	333 Tr. 4 X.4 CC422	12 21 21 14 15 15 15 15 15 15 15 15 15 15 15 15 15	J. 443, 290.	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	3,078,311.	2 124 143.	2,887,763.	2,669,057.	3,663,324.	14,422,598.	
8	Gross income from interest,			•				
	dividends, payments received on			'3'			* - 4	
	securities loans, rents, royalties,						- · · · · · · · · · · · · · · · · · · ·	
	and income from similar sources	278,315.	78,456.	169,881.	202,685.	221,134.	950,471.	
9	Net income from unrelated business	2,0,0201	7071501	203,0020	202,0001		2001121	
Ū	activities, whether or not the		•					
	business is regularly carried on	Ì	39,193.				39,193.	
10	Other income Do not include gain		- 55,155.				<u> </u>	
10	or loss from the sale of capital			,		-		
	assets (Explain in Part VI)	5,194.	3,197.	3,684.	4,137.	5,569.	21,781.	
11	Total support. Add lines 7 through 10			A STANSON OF THE STAN		45. J. J. S. J	15,434,043,	
	Gross receipts from related activities,		5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the state of the state of	Aleg in a Commandation with the	12	614,056.	
	First five years. If the Form 990 is for		•	d fourth or fifth to	iv vear as a sectio	-	014,030.	
13	organization, check this box and stor	-	s ilist, second, tilli	u, locitii, or litti ta	ix year as a sectio	11 30 1(0)(3)	ightharpoonup	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2018 (I					14	35.27 %	
	Public support percentage from 2017	• • • • • • • • • • • • • • • • • • • •	•	olamii (ijj		15	33.38 %	
	33 1/3% support-test - 2018. If the c	•		n line 13, and line 1	ا 14 اھ 33 1/3% or m			
	stop here. The organization qualifies	_				10.0, 0.1001(1.110 00	▶ [X]	
h	33 1/3% support test - 2017. If the o		•		line 15 is 33 1/3%	or more, check th		
_	and stop here. The organization qual					, 6, ,,,6,,6,,,	▶ □	
17a	10% -facts-and-circumstances tes	•			13 16a or 16b a	and line 14 is 10%	or more	
170	and if the organization meets the "fac	•						
						C 71 HOW THE DIGATI		
L	meets the "facts-and-circumstances"					17a and line 15 in 1	10% or	
O	10% -facts-and-circumstances tes	_					10/0 01	
	more, and if the organization meets the						▶□	
10	organization meets the "facts-and-circ		=					
ıg	Private foundation. If the organization	n did not check a	box on line 13, 168	a, 100, 1/a, or 1/b		nd see instructions		

Schedule A (Form 990 or 990-EŽ) 2018

line 1/8 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

832023 10-11-18

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answor (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		
Ţ	2		
3	3a		
_	3b		
-	3c _		
~	4a		
-	4b		
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-	5a		
-	5b		
	5c		
		۶	,
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-	- 7]
	8		
-	9a		
-	9b		
-	9c		
	10a	D 25	
	10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	а		
b	A family member of a person described in (a) above?	b		
С	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.	С		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,	
	or management of the supporting organization was vested in the same persons that controlled or managed		4.1	ا ما يودا
	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	!	·	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	1		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	<u>a </u>		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- 1		
	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			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	<u>a</u>		
b		[
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	,		

94-3235649 Page 6 Schedule A (Form 990 or 990-EZ) 2018 CALDERA Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities **b** Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets d 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 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1

🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

3

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

3

4

5

6

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	. •
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported 🦙		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u></u>	<u> </u>
4	Amounts paid to acquire exempt-use assets			٥ ٣ يُموري
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.	<u> </u>		,
8	Distributions to attentive supported organizations to which t	he 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			
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions	(ɪii) Distributable
	,		Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		光 型等是这种数据对数数。	<u> </u>
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	STATE AND A STATE		
a	From 2013	3.4.1.6毫元4.5.4.5.4.4.	WHEN AND AND AND AND AND AND AND AND AND AN	
	From 2014	TO A TO SECTION OF THE SECTION OF TH	WAS TOWNED ON	
С	From 2015		PARTINE SANCTON	
	From 2016			
	From 2017	THE STATE OF THE S		
	Total of lines 3a through e			
	Applied to underdistributions of prior years		,	
	Applied to 2018 distributable amount	"是这种的基础的,这种的		
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		MANAGE STREET,	
4	Distributions for 2018 from Section D,	THE STATE OF THE S		
	line 7 \$			
а	Applied to underdistributions of prior years	於保証等等等數据	- >	三型型的数据数据
	Applied to 2018 distributable amount	经产业的		
С	Remainder Subtract lines 4a and 4b from 4		EXPRINCE	SENSE CONTRACTOR
5	Remaining underdistributions for years prior to 2018, if			STATE OF STA
	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			401
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c		基金和高级等等等的	WARRETHIEF.
8	Breakdown of line 7	等的是一个一个一个	ARCHIO CARRESTER	SALES OF SALES OF SALES
а	Excess from 2014	267778078535	TREASURE AREASON OF THE	
b	Excess from 2015	ESSANDARIA DE SANTANTA		FARMENT PARTY SOUTH
С	Excess from 2016	AND THE PARTY OF T	数1000mm,由1000mm。	
d	Excess from 2017	"Street Miles Single	第20年7月代党第84年 於	经验的基础的
е	Excess from 2018		秦松、张孝伯等等籍以称的	医抗毒素 经金融等的 的复数

Schedule A (Form 990 or 990-EZ) 2018

,	Part IV, S line 1. Pa	ection A, li rt IV, Secti), lines 5, 6	ines 1, 2, on D. line	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a 3. Part IV.	., 6, 9a, 9b, Section E	, 9c, 11a, 11 , lines 1c, 2a	b, and 11 i. 2b. 3a.	c, Part IV, So and 3b, Part	art II, line 17a or 1 ection B, lines 1 a V, line 1, Part V, for any additiona	and 2, Part IV, Section B, Iin	, Section C, e 1e, Part V,
CHEDUI	LE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:		
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110000	<u> </u>	<u> </u>	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>							_	
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Schedule A (Form 990 or 990 EZ) 2018 CALDERA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	CALDERA	94-3235649
Pai	t 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	<u>-</u>
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nde
5	are the organization's property, subject to the organization's exclusive legal control?	Yes No
•	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
6		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conference that a purpose benefit?	
Pai	impermissible private benefit? I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part I	
L		v, line /
1	Purpose(s) of conservation easements held by the organization (check all that apply)	h
	Preservation of land for public use (e.g., recreation or education)	• ·
	Protection of natural habitat Preservation of a certified i	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 contribution contribution in the form of a conservation contribution contributi	
	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
С	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	unization 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 conservations.	tion easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
_	> \$	(D) (1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(Yes No
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting to
Pai	conservation easements t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art
10	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	r pablic corrido, provido, in r altrain,
h	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 si	
	relating to these items:	of vice, provide and leavening amounte
	(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	
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	, p. 01.00
_	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990. Part X	S S

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

	dule D (Form 990) 2018 CALDERA								<u>35649</u>		<u>ige 2</u>
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	ne following tha	at are a s	signifi	cant	use of its	collection	items	8
	(check all that apply)										
а	Public exhibition	d	Loan or e	xchange progr	ams						
b	Scholarly research	е	Other								
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exe	empt	ourpo	se in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical ti	easures, or oth	ner sımıla	ar ass	ets		_	_	1
_	to be sold to raise funds rather than to be ma								_ Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organiza	tion answered	"Yes" or	n Forr	n 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribut	ons or other a	ssets no	t inclu	ıded	_	٦		1
	on Form 990, Part X?							L_	」Yes	Ш.	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table			Г	1				
	•					_			Amount		
С	Beginning balance					-	1c				
d	Additions during the year						1d				
е	Distributions during the year					-	1e				
f	Ending balance					L	1f			_	1
	Did the organization include an amount on Fo					-		L	」Yes	\vdash	J No
	If "Yes," explain the arrangement in Part XIII									<u>—</u>	
Pai	t V Endowment Funds. Complete it								T		
		(a) Current year	(b) Prior year	(c) Two yea		(d) !		ears back	(e) Four		
,1a	Beginning of year balance	11,472,874.	9,984,93		0,658.			72,080.			<u>453.</u>
b	Contributions	1,695,946.	1,000,00		0,000.	<u>-</u> .	1,0	00,000.			000.
С	Net investment earnings, gains, and losses	732,967.	545,68	$\frac{3}{1}$ $\frac{61}{1}$	4,275.	_		3,578.	-	130	<u>978.</u>
d	Grants or scholarships			-							
е	Other expenditures for facilities					1					
	and programs	56,800.	57,74	2. 5	0,000.		1	.55,0 <u>00.</u>		42,	<u>351.</u>
f	Administrative expenses	-									
g	End of year balance	13,844,987.	11,472,87		4,933.	<u> </u>	8,4	20,658.	<u> </u>	572	080.
2	Provide the estimated percentage of the curi			n (a)) held as							
а	Board designated or quasi-endowment	8.10	_%								
b	Permanent endowment ► 73.64	%									
С	· · ·	8.26 %									
	The percentages on lines 2a, 2b, and 2c sho	·						4			
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are nei	and administ	erea for	trie or	ganız	zation	ſ,	/es	NI.
	by								3a(ı)	es	No X
	(i) unrelated organizations									\dashv	X
	(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 3b 3b										
	Describe in Part XIII the intended uses of the	•		n'					30		
Pai	rt VI Land, Buildings, and Equipm		willent lunus								
	Complete if the organization answere) Part IV line 11s	See Form 99	∩ Part X	line	10				
	Description of property	(a) Cost or o		ost or other		Accun		ad T	(d) Book	value	
	pescription or property	basis (investr	, · · ·	is (other)		preci			(a) 200K	. 4146	-
	Land	345.5 (111105(11		\- ···/	 				_		
	Buildings		11/1	11,197.	5	045	3	25.	9,065	. ጸ'	72
Ü	_			, / •		J 1 -					<u>. – ·</u>
ت ب	Leasehold improvements			89,549.	 	959	. 6	11.	29	9	38.
d	Equipment Other			57,539.		<u> </u>	, ,		<u> </u>	,5	39.
	J. Add lines 1a through 1e (Column (d) must e	gual Form 990. Port	X column (R) lin		 				9,153		
ıvıd	. Aga ililea Ta anougii Te (Column (u) must e	quan onni oso, i art	, colui <u>ini (b), Illi</u>	- / /				<u> </u>			

Schedule D (Form 990) 2018

CI	N T	1	L,	D	л

Complete if the organization answered "Yes"				al advisas
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
i) Financial derivatives				
2) Closely-held equity interests				
Other DRIVECOMENOC IN DRIVAGE		-		
(A) INVESTMENTS IN PRIVATE	2 760 00	O ENTO OF S	YEAR MARKET	י זואדוודי
(B) EQUITY PARTNERSHIPS	3,768,88	SY END-OF-	IEAR MARKEI	. VALUE
(C)				
(D)				
(E)	·			
(F) (G)			и	
(H)			-	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,768,88	29	1.4	
Part VIII Investments - Program Related.	3,700,00	() • ()		
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			d-of-year market value
(1)	(5)	(6)		
(1)				
(3)				
(4)				
(5)				· -
(6)				
(7)				
(8)	<u>-</u>		··	
(9)				
ital (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			x	,
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d See Form 990), Part X, line 15	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	e 15)			
Part X Other Liabilities.				,
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f See For	rm 990, Part X, line 2	5
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				ì
(3)				•
(4)				
(5)				
(6)				
(9)				
(7)				
		·		
(7)		·		
(7) (8) (9)	25)			
(7) (8)		ote to the organization's	financial statements	that reports the

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2018

CALDERA					9 <u>4</u> -3235	5649
	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV,		
1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the organization.	ed funds through any of the following and solicitated and soli	ion of ion of fundra (includ rofess	non-g gover alsing ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(III) fundr have co or con contribi	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			_			
			_			
						<u> </u>
Total 3 List all states in which the organization or licensing	ı ıs registered or licensed to solicit c	ontrib	utions	or has been notified	d it is exempt from r	egistration
or incertaing						
			_			
			_		·	
						
	<u> </u>		_			
						
			_			

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

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch Pa			e organization answered		t IV, line 18, or reported	
		of fundraising event contributions and gr				ots greater than \$5,000
			(a) Event #1 DINNER/AUCTI	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			ON (event type)	(event type)	(total number)	col (c))
Revenue				(Gronic type)	(iotal manuser)	
Rev	1	Gross receipts	481,253.			481,253.
	2	Less Contributions	438,331.			438,331.
	3	Gross income (line 1 minus line 2)	42,922.			42,922.
	4	Cash prizes				
ű	5	Noncash prizes				
bense	6	Rent/facility costs		-		
Direct Expenses	7	Food and beverages	86,440.			86,440.
	8	Entertainment	14,960. 31,445.			14,960.
	9	Other direct expenses	31,445.			31,445.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		>	132,845.
		Net income summary Subtract line 10 from li				-89,923.
Pa	ırt l	II 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 4				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 	1	Gross revenue				
ses	2	Cash pnzes		_		
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		> _	
		ter the state(s) in which the organization condu			<u> </u>	
		he organization licensed to conduct gaming at No," explain		states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain	·	=	year?	Yes No
	_					

Sch	nedule G (Form 990 or 990-EZ) 2018 CALDERA 94	4-3235649	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	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		
a	a The organization's facility	13a	%
ŧ	a An outside facility	_13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address >		
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$^4		
(c If "Yes," enter name and address of the third party		
	Name ►		
	Address ▶		
16	Gaming manager information		
	Name	_	
	Gaming manager compensation ▶ \$		
	Description of services provided		
	<u> </u>		
	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
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	d Part III, lines 9, 9	b, 10b,
	•		
_		· —	_

Schedule G	(Form 990 or 990-EZ)	CALDERA			94-3235649 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)	<u> </u>		
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

so to www.irs.gov/Form990 for the latest information.		
to www.irs.gov/Form990 for the latest		nformation.
o to www.irs.gov/Form990	Juli 990.	for the latest
l to www.irs.	אוומכוו וס בי	gov/Form990
	_	to to www.irs.

OMB No 1545-0047	2018	Open to Public Inspection

Schedule I (Form 990) (2018) å | Employer identification number 94-3235649 (h) Purpose of grant 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 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. General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CALDERA or government Name of the organization Part I Part

CALDERA Schedule I (Form 990) (2018)

Part III | Grants and Other

Page 2

94-3235649

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 non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance,
ALUMNI SCHOLARSHIPS	41	21,000.	.0		
ARTISTS IN RESIDENCE STIPENDS	13		.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
PART I, LINE 2:					
ALUMNI SCHOLARSHIPS. ALL STUDENTS	WHO ARE	SENIORS OR	OR HIGH SCHO	SCHOOL GRADUATES,	
AND MAINTAIN A CERTAIN GPA AND HAVE		IPATED IN	CALDERA PR	PARTICIPATED IN CALDERA PROGRAMS FOR	
TWO YEARS OR MORE, ARE ELIGIBLE TO) APPLY FOR	THIS	SCHOLARSHIP.	TO APPLY	
THEY SUBMIT AN ESSAY AND THEIR TRA	TRANSCRIPTS.	. BASED ON	THE COSTS	OF THE	
PROGRAM THEY ARE APPLYING TO, THEIR	IR COLLEGE	GRADE	LEVEL, AND T	THEIR OTHER	
SCHOLARSHIP/FUNDING, CALDERA DETER	DETERMINES AN	AMOUNT	TO AWARD EACH	H STUDENT.	
THE PROCESS IS SIMILAR FOR RETURNING		APPLICANTS ONCE THEY	THEY ARE IN	IN COLLEGE	note in a g
AND APPLYING FOR FUNDS. AMOUNTS AM	AWARDED AL	ALSO VARY DE	DEPENDING ON	ON THE NUMBER	

[.Part.iv] Supplemental Information
OF APPLICANTS. ALL ELIGIBLE STUDENTS RECEIVE SOME LEVEL OF AWARD, RANGING
FROM \$200-\$3000. CALDERA OBTAINS WRITTEN AGREEMENTS FOR EACH OF THE
STUDENTS. THE FUNDS ARE DISTRIBUTED DIRECTLY TO THE COLLEGE BURSAR'S
OFFICE, NOT TO THE STUDENT, COVERING THE STUDENT'S TUITION AND FEES, AND
SOMETIMES BOOKS.
ARTISTS IN RESIDENCE - RESIDENCIES ARE OPEN TO ARTISTS IN ANY DISCIPLINE. A
SELECTION PANNEL REVIEWS THE APPLICATIONS AND MAKES RECOMMENDATIONS FOR
FINALISTS. APPLICANTS ARE EVALUATED BASED ON THE FOLLOWING CRITERIA:
QUALITY, PROMISE, AND FEASIBILITY. DEPENDING ON AVAILABLE FUNDING, STIPENDS
ARE PROVIDED TO SELECTED ARTISTS.
•

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

CALDERA

Employer identification number 94-3235649

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determinir		s
4	Art · Works of art	_	nems commutes	Total 550, Fare vin, into 19			,	
1	Art - Works of art Art - Historical treasures			<u> </u>				
2					_			
3	Art - Fractional interests							
4	Books and publications		-					
5	Clothing and household goods			<u> </u>				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	8	1,281,876.	OTTOWED BET	CEC		
9	Securities - Publicly traded		-	1,201,070.	OOOLED PKI	CES		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests			•				
12	Securities - Miscellaneous			•				
13	Qualified conservation contribution -							
	Historic structures			-				
14	Qualified conservation contribution - Other							
15	Real estate - Residential			<u> </u>				
16	Real estate - Commercial		-					
17	Real estate - Other							
18	Collectibles							
19	.Food inventory				<u></u>	-		
20								
21	Taxidermy							
22						-		
23	Scientific specimens							
24	Archeological artifacts			5 504				
25	Other (SUPPLIES)	X	6	6,624.	MARKET PRI	CES		
26	Other ()		ļ <u>-</u>					
27	Other ()		ļ. .					
28	Other (<u> </u>				
29	Number of Forms 8283 received by the organi		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
						<u> </u>	Yes	<u>No</u> ,
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it	,]
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		<u> X</u>
b	b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribi	utions?	31		<u> </u>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II						i	1
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II						j	

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 CALDERA	<u>94-3235649</u>	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information	and whether the organizat	tion olete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUT	ions.	
•		
• .		
	-	-
		-
35		
····		_
	*	
		. <u>-</u>
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SCHEDULE 0 (Form, 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CALDERA

Employer identification number 94-3235649

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
A NONPROFIT ARTS ORGANIZATION, CALDERA SERVES AS A CATALYST FOR THE
TRANSFORMATION OF UNDERSERVED YOUTH FROM UNDERSERVED COMMUNITIES
THROUGH INNOVATIVE, YEAR-ROUND ART AND ENVIRONMENTAL PROGRAMS. CALDERA
NURTURES INDIVIDUAL CREATIVITY TO IGNITE SELF-EXPRESSION AND TRANSFORM
THE WAY YOUNG PEOPLE ENGAGE IN THEIR LIVES, FAMILIES AND COMMUNITIES.
ANNUALLY, CALDERA WORKS WITH HUNDREDS OF STUDENTS AND COMMUNITY OF
MENTORS, ARTISTS, ENVIRONMENTAL SPECIALISTS, ALUMNI, SCHOOLS, AND OTHER
PARTNERS. ALL OF CALDERA'S YOUTH PROGRAMS ARE PROVIDED FOR FREE TO THE
STUDENTS, FAMILIES AND SCHOOLS SERVED. IN 2015, CALDERA RECEIVED A
NATIONAL ARTS AND HUMANITIES YOUTH PROGRAM AWARD FROM FIRST LADY,
MICHELLE OBAMA, RECOGNIZING CALDERA AS ONE THE TOP YOUTH ARTS PROGRAMS
IN THE NATION.
•
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AT EACH RESIDENCY'S COMPLETION, OUR OPEN STUDIOS ALLOW THE PUBLIC TO
VIEW ARTISTS' WORKS IN PROGRESS AND INTERACT WITH ARTISTS. WE ALSO
SUPPORT OUR ARTISTS IN RESIDENCE AFTER THEIR FIRST RESIDENCY THROUGH
ALUMNI MEETUPS, ADDITIONAL RESIDENCIES, TEACHING OPPORTUNITIES, AND,
OCCASIONALLY, PRESENTING SUPPORT.
•
FORM 990, PART VI, SECTION A, LINE 2:
DAN WIEDEN, KARRELLE DIXON, DAVID LUHR, AND MARY NORMAND SHARE A COMMON
EMPLOYER, WIEDEN + KENNEDY. IN ADDITION, DAN WIEDEN AND DAVE CHEN HAVE A
BUSINESS PELATIONSHIP