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.

OMB No. 1545-0047

Open to Public

A F	or the	e 2018 calendar year, or tax year beginning 07/30, 2018,	and ending		06/3	D, 20 19	
		C Name of organization		D Employer ide	ntification	number	
Bc	heck if a	3DE NATIONAL, LLC		83-144	4494		
	Addre						
		change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber		
Х	Initial	return 3565 PIEDMONT RD NE, BUILDING 1	460	(770) 95	4-7403	3	
		return/ City or town, state or province, country, and ZIP or foreign postal code					
	termii Amen	ded ATLANTA, GA 30305		G Gross receipts	s \$	5,162	2,204.
	Applic	F Name and address of principal officer: TOHN S HARRIS		H(a) Is this a gro		Yes	XNO
	_ pendi	3565 PIEDMONT RD NE, STE 460, ATLANTA, GA 3	0305	subordinates H(b) Are all subord		Yes	No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)				ee instructions	
		te: WWW.3DESCHOOLS.ORG	0. 02.	H(c) Group exem	ption numbe	b 1	116
		of organization: X Corporation Trust Association Other	L Year of	formation: 2018 M	-	-	
	art I	Summary				garaonnono	
		Briefly describe the organization's mission or most significant activities: <u>3DE</u> RI	E-ENGINER	ERS HIGH SCHO	OL EDU	CATION	1
ð	•	TO BE MORE RELEVANT, EXPERIENTIAL AND AUTHENTICAL					
Governance		COMPLEXITIES OF THE REAL WORLD.					
erná	2	Check this box	ad of more that	n 25% of its not assot	6		
Š		Number of voting members of the governing body (Part VI, line 1a)			3		11.
ళ		Number of independent voting members of the governing body (Part VI, line 1a)			4		9.
Activities		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5		0.
i <u>vi</u> t					6		563.
Act		Total number of volunteers (estimate if necessary)					0.
		Total unrelated business revenue from Part VIII, column (C), line 12			7a 7b		
	D	Net unrelated business taxable income from Form 990-T, line 38		Prior Year		Current	Voor
	•	Contributions and grants (Dart)/III line (h)		FIIOI Teal	0.	5,159	
iue		Contributions and grants (Part VIII, line 1h)			0.	5,157	0.
Revenue		Program service revenue (Part VIII, line 2g)			0.		2,832.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	2	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	5,162	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			0.	5,102	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ſ			1 010	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).			0.	1,919	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
Т Ц	b	Total fundraising expenses (Part IX, column (D), line 25) ► 51,035			0	1 004	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	1,084	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	3,004	
- 0		Revenue less expenses. Subtract line 18 from line 12			0.	2,157	
Net Assets or Fund Balances				Beginning of Current		End of Ye	
sset	20	Total assets (Part X, line 16)			0.	2,604	
at A	21	Total liabilities (Part X, line 26)			0.		,725.
		Net assets or fund balances. Subtract line 21 from line 20			0.	2,157	,536.
	rt II	Signature Block					
		nalties of perjury, I declare that I have examined this return, including accompanying schedu act, and complete. Declaration of preparer (other than officer) is based on all information of whi			f my know	edge and b	elief, it is
	.,						
Sia	n						
Sign Here		Signature of officer		Date			
IIC	e	JOHN S. HARRIS CEO					
		Type or print name and title					
Paic		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
	parer	SANDRA L FEINSMITH	03/17,			010641	57
	Only	Firm's name ▶BDO USA, LLP		Firm's EIN 🕨 1			
		Firm's address 1100 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30309-4516		Phone no. 4	04-688	3-6841	
May	y the	IRS discuss this return with the preparer shown above? (see instructions)			2	Yes	No
For	Pape	rwork Reduction Act Notice, see the separate instructions.				Form 99	0 (2018)

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	3DE NATIONAL, LLC	83-1444494
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	3565 PIEDMONT RD NE, STE 460	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	ATLANTA, GA 30305	
Enter the Re	eturn Code for the return that this application is for (file a separate application f	or each return) 0 1

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN S. HARRIS

● The books are in the care of ▶ 3565 PIEDMONT RD NE, STE 460 ATLANTA GA 30305

Telephone No. ► 404 257-1932

_	If the organization does not have an office or place of business in the United States, check this box		l
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is	
fo	or the whole group, check this box	and attach	
а	list with the names and FINs of all members the extension is for.		

Fax No.

1	I request an automatic 6-month extension of time until	05/15	, 20 20	_, to file the exempt organization return
	for the organization named above. The extension is for th	ne organization's return	for:	

	▶ calendar year 20 or			
	► X tax year beginning 07/30, 20 18, and ending 06/30,	20	19	
2	If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final retur	n		
	Change in accounting period			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS			
	(Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forr	n 88	79-EC) for payment
instru	uctions.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

3de	NATIONAL,	LLC
500	10111 + 010111 /	

For	n 990 (2018)	Page 2
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	•
1	Briefly describe the organization's mission: 3DE RE-ENGINEERS HIGH SCHOOL EDUCATION TO BE MORE RELEVANT,	
	EXPERIENTIAL, AND AUTHENTICALLY-CONNECTED TO THE COMPLEXITIES OF THE	
	REAL WORLD IN ORDER TO MORE FULLY PREPARE TODAY'S STUDENTS FOR THE	
	DEMANDS OF TOMORROW'S ECONOMY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program]
		X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured	ured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,778,635. including grants of \$) (Revenue \$)	
	3DE HAD 1,276 STUDENTS ENROLLED IN THE PROGRAM ACROSS 6 SCHOOLS IN	
	THE 2018/2019 SCHOOL YEAR.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
_		
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4 -1	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses \blacktriangleright 2,778,635.	
JSA	Form 99	0 (2018)

3DE NATIONAL, LLC

Form 990 (2018)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
0				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		Х
-	"Yes," complete Schedule D, Part I	6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2018)

83-1444494

Part	V 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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 any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		x
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		x
27	disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
27	substantial 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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
•	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		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
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		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
D	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			•
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
	reportable gaming (gambling) winnings to prize winners?	Eorm	990	(2018)
JSA		r olm	330	(2018)

Form 990 (2018)

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Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		v
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		x
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
р 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form §	990 (2018) 3DE NATIONAL, LLC 83-144	4494	F	Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
h	one or more members of the governing body?	14		
a	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	A	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	А	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
13	describe in Schedule O how this was done	120	X	
13	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 taxable entity during the year?	16a		Х
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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{GA}{A}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	C (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O)			
40		o # = < 1		ا محمد ا
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	ροιις	, and
20	financial statements available to the public during the tax year.	le 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOHN S. HARRIS 3565 PIEDMONT RD NE, STE 460, BUILDING 1 ATLANTA, GA 30305 770-954-7403	13 F		
		Form	990	(2018)

Page 7

compensation	ot	Officers,	Directors,	Trustees,	ĸey	Employees,	Hignest	Compensated	Employees,	and
ndependent Co	ontra	actors								
	•	•	ndependent Contractors	•	•	•	• • • • • • • • •			compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, independent Contractors

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					e than c		Reportable	Reportable	Estimated
	hours per					is both tor/trust		compensation from	compensation from related	amount of other
	week (list any hours for				1		,	the	organizations	compensation
	related organizations below dotted line)	1 24 25	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
)e			ated				
(1)ALAN ARMSTRONG	1.00									
DIRECTOR	0.	x						0.	0.	0.
(2)CATHERINE S. BRUNE	1.00									
CO-CHAIR	0.	Х		Х				0.	0.	0.
(3)DWIGHT DUKE	1.00									
CO-CHAIR	0.	x		Х				0.	0.	0.
(4)JOHN DWYER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)CHARLES GARCIA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)CRAIG MENEAR	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) ^{TIM MYERS}	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)RUSSELL STOKES	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)STEVE VOORHEES	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)JACK KOSAKOWSKI	1.00									
EX-OFFICIO	0.	Х						0.	0.	0.
(11) JOHN S. HARRIS	50.00									
PRESIDENT AND CEO	0.	Х		Х				0.	0.	0.
<u>(12)</u>		-								
(13)										
(14)										
		L		I		1				l

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8E1041 1.000

-	990 (2018) rt VII Section A. Officers, Directors, Tru	uataoo Ka		nlo			and L	lial	haat Component	od Employ	1000 /0	ontinuad	Page 8
Γa	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not ch unles	Pos neck s pe	C) iition more erson	than o is both or/truster employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensation relate organizat (W-2/1099-	ible on from d tions	(F Estin amou oth compe from organ and r organi	r) nated unt of ner nsation the ization elated
							ed						
			-										
			-										
		+	-										
									0.		0.		0.
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	<u></u>						► ►	0.	\$100.000	0.		0.
_	reportable compensation from the organizatio		0.							¢		Y	es No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X
4	For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	If	"Yes	," (complete Schedu	le J for a			
5	individual	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or indivi		4	X
Se	for services rendered to the organization? If "Y ction B. Independent Contractors	es," comple	te Scr	neau	lie J	tor	sucn	per	son	<u></u>		5	X
1	Complete this table for your five highest com compensation from the organization. Report of year.												
	(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensat	ion
2	Total number of independent contractors (in more than \$100,000 in compensation from the				iteo	d to 0		e li	sted above) who	received			

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Par	t VII	Statement of Rever	nue					
		Check if Schedule O co	ontains a respon	se or note to ar	ny line in this Part V	/		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, (Am	с	Fundraising events	1c					
ilar İlar	d	Related organizations	1d					
Sin	е	Government grants (contribu	itions) 1e					
buti	f	All other contributions, gifts,	-	F 1F0 373				
d Of		and similar amounts not included		5,159,372.				
an Co	g h	Noncash contributions included Total. Add lines 1a-1f		•	5,159,372.			
an			<u></u>	Business Code				
Program Service Revenue	2a							
e Re	b							
vice	c							
Ser	d							
ram	е							
rogi	f	All other program service rev						
	g	Total. Add lines 2a-2f			0.			1
	3	(cluding dividen	, ,	2,832.			2,832.
	4	and other similar amounts). Income from investment of			0.			2,052.
	5	Royalties	•	•	0.			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) .			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с с	Gain or (loss)			0.			
	d	Net gain or (loss)			0.			
nue	8a	Gross income from fundra events (not including \$	0					
eve		of contributions reported on						
R R		See Part IV, line 18	,	0.				
Other Revenue	b	Less: direct expenses	b	0.				
-	c	Net income or (loss) from fu	ndraising events	<u></u>	0.			
	9a	Gross income from gaming						
		See Part IV, line 19						
	b	Less: direct expenses			0.			
	c	Net income or (loss) from g	-		0.			
	10a	Gross sales of inventor returns and allowances		0.				
	b	Less: cost of goods sold						
		Net income or (loss) from sa	les of inventory		0.			
		Miscellaneous Revenu		Business Code				
	11a							
	b							
	с							
	d	All other revenue						
	e	Total. Add lines 11a-11d			0.			0.033
	12	Total revenue. See instruction	ms.	🕨	5,162,204.		1	2,832.

Form **990** (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 174,000. 174,000 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 1,552,518 1,444,229. 68,182 40,107. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 65,246 65,246 121,708. 128,172. 2,394. 4,070 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 25,530 25,530 12 Advertising and promotion 42,970. 42,970. 13 Office expenses 78,618. 71,671. 4,374. 2,573. 14 Information technology 0 Royalties 15 117,668. 107,276. 6,543 3,849. Occupancy 16 2,409 43,295. 39,469 1,417. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 4,960. 4,522. 276. 162. Insurance 23 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 O.) aCURRICULUM DEVELOPMENT 416,482. 416,482. **b**STAFF TRAINING 113,700. 113,700. 71,848. cSHARED SERVICES 143,697. 71,849 dDATA EVALUATION 39,149 39,149. 17,295 58,663. 40,835. 533. e All other expenses 3,004,668. 2,778,635. 174,998 51,035. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

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following SOP 98-2 (ASC 958-720)

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Form 990 (2018)

3DE NATIONAL, LLC

Page	1	1
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Form 990 (2018) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0. Cash - non-interest-bearing 0. 1 1 0. 2,575,962. 2 2 Savings and temporary cash investments 0. 0. 3 Pledges and grants receivable, net 3 0. 0. Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0. organizations (see instructions). Complete Part II of Schedule L 6 Assets 0. Ο. Notes and loans receivable, net 7 7 0. 0. 8 Inventories for sale or use 8 0. 28,299. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 0. 0. 10c **b** Less: accumulated depreciation **10b** 0. Investments - publicly traded securities 0. 11 11 Investments - other securities. See Part IV, line 11 0. 12 0. 12 Investments - program-related. See Part IV, line 11 0. 0 13 13 0. 0. 14 14 Intangible assets 0. 0. Other assets. See Part IV, line 11 15 15 2,604,261. 0. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 0. 446,725. 17 Accounts payable and accrued expenses 17 0. 18 0. Grants payable 18 0. 0. 19 19 Deferred revenue 0. 0. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 0. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 0. 22 0. Secured mortgages and notes payable to unrelated third parties 0. 23 23 0. Unsecured notes and loans payable to unrelated third parties 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 25 0. of Schedule D Total liabilities. Add lines 17 through 25.... 446,725. 0. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🕮 and complete lines 27 through 29, and lines 33 and 34. Fund Balances Unrestricted net assets 27 0. 27 77,536. Temporarily restricted net assets 2,080,000. 28 0. 28 Permanently restricted net assets 29 0. 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here
and and P complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 0 2,157,536. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 2,604,261. 34 0. 34 Form 990 (2018) 3DE NATIONAL, LLC

Form 99	00 (2018)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.62,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		04,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,1	.57,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,1	.57,5	536.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></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," e	xplain in			
-	Schedule O.				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		01	x	
b	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	-		x	
	of the audit, review, or compilation of its financial statements and selection of an independent acc				
	If the organization changed either its oversight process or selection process during the tax year, e	explain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in	3a		x
	the Single Audit Act and OMB Circular A-133?	 	•		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
		una.			

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6

		venue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of ti	ne organization	•					Employer identif	ication number
3DI	E NA	ATIONAL, L						83-14444	
	rt I			•	organizations must c			,	S
	orga		•		is: (For lines 1 throug			,	
1					tion of churches desci				
2					. (Attach Schedule E				
3		-	-	-	rganization described				Viiii) Entar tha
4		hospital's nam	-		conjunction with a hos	spital de	scribed ir	Section 170(b)(1)(A)(III). Enter the
5		-	-		a college or universit		d or one	vrated by a governme	ental unit described in
5		-	-	complete Part II.)		y owned		a governing	
6		-			rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х		-	-			-		om the general public
		-		(1)(A)(vi). (Compl	-				5 5 5 7 7 7 7
8)(1)(A)(vi). (Complete	Part II.)			
9					ed in section 170(b)(1	-		I in conjunction with a	land-grant college
		or university of	or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and un n after June 30, 19	ore than 331/3 % of its unctions - subject to on nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	an 331/3 % of its
12		An organization	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes
				· · ·					See section 509(a)(3).
	_	Check the box	c in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		_ Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
			-		regularly appoint or e		ajority of	the directors or truste	es of the
			-	-	e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control or mar	hage the supported
с		_ ~	()	•	, Sections A and C. ng organization opera	tod in a	onnoctio	n with and functions	lly integrated with
C					is). You must comple				ny megrateu with,
d		- ··	•	. , .	porting organization of				ted organization(s)
ŭ		••	-	-	nization generally mus	•			• • • • •
			-		omplete Part IV, Sect	-		-	
е			-		a written determinatio				II, Type III
			-		ionally integrated sup				
f									
g			-	on about the suppo	orted organization(s).			Γ	
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
<u> </u>									
(C)									
(D)									
(E)									
Tota	al								
		work Peduction	Act Notice son the	e Instructions for Form	990 or 990-E7			Sebadula /	A (Form 990 or 990-EZ) 2018
	aper				555 01 550 LL.			Scheudle F	

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion 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.")	0.	0.	0.	0.	5,159,372.	5,159,372.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3					5,159,372.	5,159,372.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						3,608,048.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						1,551,324.
_	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		(a) 2014	(b) 2015	(C) 2016	(d) 2017	5,159,372.	5,159,372.
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					2,832.	2,832.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						5,162,204.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li	ne 6, column (f) divided by line	11, column (f)).		14	%
15	Public support percentage from 2017	Schedule A, Pa	art II, line 14 💶			15	%
16a	331/3% support test - 2018. If the or	ganization did n	ot check the bo	x on line 13, a	nd line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization q		• • • •	•			
b	331/3% support test - 2017. If the org	ganization did n	ot check a box o	on line 13 or 16	a, and line 15 i	s 331/3%or mo	re, check
	this box and stop here. The organizati			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-o	circumstances" to	est. The organi	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2		5				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organizati				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support		1			1	1
Caler	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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5 f 6 7a / b / r F c c 8 8	furnished by a governmental unit to the						
6 7 7 a / b / c / 8 I Secti	organization without charge						
6	Total. Add lines 1 through 5	·					
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
0	Public support. (Subtract line 7c from						
500	tion B. Total Support						
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2010	(6) 2010	(u) 2017	(6) 2010	
9 10 2	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	ation's first, seco	nd, third, fourth,	or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8			mn (f))		. 15	%
16	Public support percentage from 2017 Sche	edule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investmen						
	-			13. column (f))		17	%
17	Investment income percentage for 2018 (lip						,,,
	Investment income percentage for 2018 (line investment income percentage from 2017)					18	%
17 18 19 a	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	
18	Investment income percentage from 2017 3 331/3% support tests - 2018. If the or	Schedule A, Part ganization did n	t III, line 17 ot check the bo>	on line 14, and	l line 15 is mor	e than 331/3%,	and line
18 19 a	Investment income percentage from 2017 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check th	Schedule A, Part ganization did n is box and sto	t III, line 17 ot check the boy p here. The orga	on line 14, and anization qualifies	l line 15 is mor s as a publicly	e than 331/3%, supported orga	and line nization .►
18 19 a	Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th 331/3% support tests - 2017. If the orga	Schedule A, Part ganization did n is box and sto anization did not	t III, line 17 ot check the boy p here. The org: check a box on	c on line 14, and anization qualifies line 14 or line 19	d line 15 is mor s as a publicly da, and line 16 is	e than 331/3 %, supported organs more than 331	and line nization . ►
18 19 a	Investment income percentage from 2017 331/3% support tests - 2018. If the or 17 is not more than 331/3%, check th	Schedule A, Part ganization did n is box and sto anization did not this box and s	t III, line 17 ot check the box p here. The org check a box on t top here. The or	c on line 14, and anization qualifies line 14 or line 19 ganization qualifie	d line 15 is mores as a publicly Da, and line 16 is Das as a publicly	e than 331/3%, supported orga s more than 331 supported orga	nization . ► /3 %, and nization ►

83-1444494

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

83-1444494

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," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

10b Schedule A (Form 990 or 990-EZ) 2018

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	3DE NATIONAL, LLC 83-144	4494		
Schedu	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	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?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on 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.	1		
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		
Secti	on 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			
	the supported organization(s).	1		
Secti	on 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructi [,]	ons).	
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 (se	e instruc	ctions)	<u> </u>
2	Activities Test Answer(a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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. Parent of Supported Organizations. Answer (a) and (b) below. 3
 - a 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.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

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³b Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organized	zations i	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2			ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(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			
		<i>(</i>	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2018

c d

е

Excess from 2016

Excess from 2017

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

Schedule B

(10111 330, 330-LZ,	
or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

83-1444494

Name of the organization 3DE NATIONAL, LLC

Organization type (check one):

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Name of o	organization 3DE NATIONAL, LLC		Employer identification number 83-1444494
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$334,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 255,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of c	organization 3DE NATIONAL, LLC		Employe 83
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a)	(b)	(c)	
	Name, address, and ZIP + 4	Total contributions	. .
No.		Total bolit ibations	I
NO.			

		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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(d) Type of contribution

X

Employer identification number 83-1444494

 Name of organization
 3DE
 NATIONAL, LLC
 Employer identification number

 83-1444494

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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JSA

Name of o	rganization 3DE NATIONAL, LLC			Employer identification number 83-1444494
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	he year from any one c ons completing Part III, er year. (Enter this informa	ontributor. Com iter the total of <i>e</i>	d in section 501(c)(7), (8), or plete columns (a) through (e) and <i>xclusively</i> religious, charitable, etc
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of gi	t	
	Transferee's name, address, and	1 ZIP + 4	Relationshi	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	—	
	Transferee's name, address, and	1 ZIP + 4	Relationshi	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, and	1 ZIP + 4	Relationshij	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, and			o of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 1	1d, 11e	, 11f, 12a, or [.]	12b.			
Depa	rtment of the Treasury		Attach to Form 99	0.				Open to	Public
	al Revenue Service	► Go to www.irs.gov	Form990 for instruction	s and th	e latest inform	nation.		Inspecti	on
Name	of the organization					Em	oloyer identific	ation number	
3de	NATIONAL, LL	C					83-14444	94	
Ра	rt Organiza	tions Maintaining Donor Advi	sed Funds or Other	Simila	r Funds or	Acco	ounts.		
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV	′, line 6.				
			(a) Donor advi	sed fund	s		b) Funds and	d other accour	nts
1	Total number at e	nd of year							
2		of contributions to (during year)							
3		of grants from (during year)							
4		it end of year							
5		on inform all donors and donor	advisors in writing th	at the	assets held	in do	nor advised		
5	-	nization's property, subject to the							No
6	-	on inform all grantees, donors, a	-	-					
U	-	purposes and not for the bene		-	-				
	-	issible private benefit?				-			No
Pa		tion Easements.						103	
ı a		e if the organization answered	"Yes" on Form 990	Part IV	line 7				
1		servation easements held by the							
•		n of land for public use (e.g., rec	•		reservation	ofah	istorically in	aportant land	aroa
		of natural habitat			reservation		-	-	
		n of open space			reservation				
2		through 2d if the organization he	d a qualified concern	ation of	ntribution in	the f	rm of a act	no on otion	
2		ast day of the tax year.	elu a qualifieu conserv					End of the T	ax Year
						0.	neia at th		ux icui
a		onservation easements				2a			
b		tricted by conservation easements				2b			
C		vation easements on a certified		•	,	2c			
d		vation easements included in (c							
_		isted in the National Register				2d			
3		rvation easements modified, tran	isferred, released, exti	nguishe	d, or termin	ated	by the orga	nization dur	ing the
	tax year ►								
4		where property subject to conse							
5	•	ation have a written policy reg			•		•		
		orcement of the conservation eas						└── Yes	L No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violatio	ns, and	enforcing con	servat	on easement	s during the	year
	▶								
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	ons, and	l enforcing co	onserv	vation easer	nents during	the year
	▶\$								
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the re	quirem	ents of section	on 17(0(h)(4)(B)(i)		
)(4)(B)(ii)?							l No
9	In Part XIII, descri	be how the organization reports	conservation easemer	nts in its	revenue and	l expe	nse stateme	ent, and	
		d include, if applicable, the text o		rganiza	tion's financi	al sta	tements that	describes th	ne
		ounting for conservation easeme							
Pa		tions Maintaining Collections				r Sim	ilar Assets	5.	
	Complete	if the organization answered	"Yes" on Form 990,	Part IV	/, line 8.				
1a	If the organization	elected, as permitted under SF	AS 116 (ASC 958), r	ot to r	eport in its i	reven	ue statemei	nt and balar	ice sheet
	works of art, hist	n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo	ar assets held for pul	olic exh	hibition, edu	cation	, or resear	ch in furthe	rance of
L									
b	works of art hist	n elected, as permitted under sorical treasures, or other simila	ar assets held for nul	lic exh	vibition edu	evenu	e statemen	ch in furthe	rance of
		vide the following amounts relati			illion, cuu	54101	, 51 103041		
		ded on Form 990, Part VIII, line 1	•				▶ 9	S	
		d in Form 990, Part X							
2	.,	n received or held works of a							
-	•	required to be reported under S							

Revenue included on Form 990, Part VIII, line 1. а ▶\$_ Assets included in Form 990, Part X.... b ▶ \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No. 1545-0047

212

3DE NATIONAL, LLC

83-1444494	
00 11111/1	

	3DE NATI	UNAL, LLC			83-14444	94	
Schee	ule D (Form 990) 2018						Page 2
Ра	t III Organizations Maintaining Col					,	
3	Using the organization's acquisition, acce	ssion, and other records	s, check any of	the following that	t are a signific	ant use	of its
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchar	nge programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization	s collections and explain	how they furt	her the organization	on's exempt pu	urpose i	n Part
	XIII.						
5	During the year, did the organization solici	or receive donations of a	art, historical tre	asures, or other sir	nilar		
	assets to be sold to raise funds rather than	to be maintained as part	of the organizat	tion's collection?		Yes	No
Ра	t IV Escrow and Custodial Arrange	ments.					
	Complete if the organization ar		990, Part IV, I	ine 9, or reported	l an amount o	n Form	1
	990, Part X, line 21.			· •			
1a	Is the organization an agent, trustee, cust	odian or other intermedia	rv for contributi	ons or other assets	not		
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part >	(III and complete the follo	wing table:		••••		
-			g (ар. с. С		Amount		
с	Beginning balance			1c	, and and		
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance						
2a	Did the organization include an amount or			1f	liability2	Yes	No
	If "Yes," explain the arrangement in Part >				•		
				IT PIOVIDED OIT FAIL.	<u> </u>	<u></u>	
Pa	t V Endowment Funds. Complete if the organization ar	word "Vee" on Form	000 Bort IV/ I	ino 10			
	(a) C	current year (b) Prior ye		years back (a) Three	e years back (e) Four year	IS DACK
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the o	urrent year end balance (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment)					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.					
3a	Are there endowment funds not in the pos	session of the organization	on that are held	and administered f	for the		
	organization by:				_	Yes	s No
	(i) unrelated organizations				3	a(i)	
	(ii) related organizations					a(ii)	
b	If "Yes" on line 3a(ii), are the related orga	nizations listed as required	on Schedule R?			3b	
4	Describe in Part XIII the intended uses of	the organization's endowr	nent funds.				
Ра	t VI Land, Buildings, and Equipmen	t.				/ line = 4	
	Complete if the organization at Description of property						υ.
_		(a) Cost or other basis (investment)	 b) Cost or other bas (other) 	sis (c) Accumulated depreciation	(a) B	ook value	
1a	Land	, , ,	. ,				
b	Buildings						
С	Leasehold improvements						
d	Equipment						
	Other						
Tota	Add lines 1a through 1e. (Column (d) mu	st equal Form 990. Part X.	, column (B), line	ə 10c.)			
	5 1 1-/		, ,,				

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018		Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities.		
Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	e
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

(9)

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Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,162,204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,162,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
с С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	5,162,204.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,004,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses.	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,004,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
c D	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	3,004,668.
	XIII Supplemental Information.	1	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, li	ne 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		

SEE PAGE 5

JSA 8E1271 1.000 Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

PART X QUESTION 2 ASC 740 (FIN 48) FOOTNOTE THE ORGANIZATION ACCOUNTS FOR ITS UNCERTAIN TAX POSITION IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740-10, INCOME TAXES. ASC TOPIC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND SETS A CONSISTENT FRAMEWORK FOR PREPARERS TO USE TO DETERMINE THE APPROPRIATE LEVEL OF TAX RESERVE TO MAINTAIN FOR UNCERTAIN TAX POSITIONS. THE GUIDANCE USES A TWO-STEP APPROACH WHEREIN A TAX BENEFIT IS RECOGNIZED IF A POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED. THE AMOUNT OF BENEFIT IS THEN MEASURED TO BE THE HIGHEST TAX BENEFIT, WHICH IS GREATER THAN 50% LIKELY TO BE REALIZED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORMS 990 AND 990-T TAX RETURNS, AS REQUIRED. FOR THE PERIOD FROM JULY 30, 2018 (INCEPTION) THROUGH JUNE 30, 2019, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization 3DE NATIONAL, LLC

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS PREPARED BY OUR EXTERNAL AUDIT FIRM AND IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. A DRAFT IS SUPPLIED VIA A WEB SITE LINK FOR THE ENTIRE BOARD TO REVIEW BEFORE FILING THE FINAL 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT VIA EMAIL OR HAND DELIVERED TO INTERESTED PARTIES EACH YEAR REQUESTING VERIFICATION OF POSSIBLE CONFLICTS. IF A CONFLICT IS DISCLOSED IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINES 15A & 15B THE GOVERNANCE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT (WILLIS TOWERS WATSON), THE COMMITTEE CONSIDERED COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORM 990'S OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL.

THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THIS REVIEW PROCESS IS CONDUCTED ANNUALLY AND WAS LAST DONE IN 2019.

FORM 990, PART VI, SECTION C, LINE 19 3DE NATIONAL MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1A 3DE NATIONAL, LLC (3DE) WAS FORMED ON JULY 30, 2018. FOR THE FISCAL YEAR ENDED JUNE 30, 2019, THE FOLLOWING INDIVIDUALS WERE INCLUDED IN THE MANAGEMENT TEAM:

JSA

Page 2

Page 2

SHAYNA GASPARD, 3DE STRATEGY & OPERATIONS

CALLIE MAJORS, SENIOR VICE PRESIDENT, BRAND STRATEGY & INVESTOR

RELATIONS

LA NOVIA NEAL, VICE PRESIDENT, COLLEGE & CAREER READINESS PARKY ROGERS, SENIOR VICE PRESIDENT, LAUNCH & EXPANSION NIAMBI SAMPSON, SENIOR VICE PRESIDENT, SCHOOL LEADERSHIP

BECAUSE COMPENSATION IS BASED ON THE 2018 CALENDAR YEAR, THOSE INDIVIDUALS ARE NOT LISTED IN PART VII BUT WILL BE INCLUDED IN THE 2019 FORM 990. HOWEVER, THEY WERE AN INTEGRAL PART OF THE FORMATION AND OPERATIONS OF 3DE DURING THE FISCAL YEAR.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

83-1444494

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

3DE NATIONAL, LLC

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

	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) JUNIOR ACHIEVEMENT USA 84-1267604 ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	EDUCATION	СО	501(C)(3)	170B 1A(VI)	N/A		х
(2)	-						
(3)	_						
(4)	_						
(5)	_						
(6)	_						
(7)	_						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	1 .	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		(k) Percentage ownership
				,			Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
<u></u>														
(7)														
	1													

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

(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) contro entity
						Yes N
						$\left \right $
Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	(state or foreign entity (C corp, S corp, or trust)	(state or foreign entity (C corp, S corp, or trust) income	(state or foreign entity (C corp, S corp, or trust) income end-of-year assets	(state or foreign country) entity (C corp, S corp, or trust) income end-of-year assets ownership

Schedule R (Form 990) 2018

83-1444494

Schedule R (Form 990) 2018

Par	V Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more in	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		<u>X</u>
C	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)		• • • • • • • • • • • • • • • • • • • •		1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				<u>1i</u>		Х
j	Lease of facilities, equipment, or other assets to related organization(s).		• • • • • • • • • • • • • • • • • • • •		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
ο	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses		• • • • • • • • • • • • • • • • • • • •	•••••	1q		X
							v
r	Other transfer of cash or property to related organization(s)		• • • • • • • • • • • • • • • • •		1r		X X
	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covo	rod rolationships and trans	action three			
	(a)	(b)	(c)		(d)	5.	
	Name of related organization	Transaction	Amount involved	Method o	of dete		g
		type (a-s)		amour	nt invo	lved	
(1)	JUNIOR ACHIEVEMENT OF GEORGIA	P	72,500.	FMV			
<u>()</u>		L	72,300.	1110			
(2)							
(3)							
(9)							
(4)							
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(6)			Sol	nedule R (F	orm	000) -	2019
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No			
(1)															
(2)															
(3)															
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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.