Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number NAAA WARREN YOUNG, SR. SCHOLASTIC Address change FOUNDATION, INC. Name change 05-0604611 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 5320 SPECTRUM DRIVE 301-696-0400 544,840. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FREDERICK, MD 21703 H(a) is this a group return Applica-F Name and address of principal officer: FRANK HACKETT for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. (see instructions) __ 501(c) () ◀ (insert no.) L J Website: ➤ WWW.NAAAWYSF.COM H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 2004 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: AWARD SCHOLARSHIPS FOR POST HIGH Activities & Governance SCHOOL EDU TO EMPLOYEES OF NAAA MEMBER AUCTIONS & CORP 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 14,290 77,160. 0. Program service revenue (Part VIII, line 2g) 110,537. 147,815. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 124,827. 224,975. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,000. 52,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. ٥. Benefits paid to or for members (Part IX, column (A), line 4) Ō. Ω. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 36,865 37,175. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,175. 88,865. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 35,962 135,800. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 2,321,226. 2.241.404. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) 2,321,226. 2,241,404. Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign STEVEN A. MCCONNAUGHEY $^{\prime\prime}$, SECRETARY AND TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature Check 05/02/2019 Paid IVY BECKHAM .. self-employed

X Yes No

41-0746749

Phone no. 571-227-9500

Firm's EIN

ARLINGTON, VA 22203

Firm's name LLIFTONLARSONALLEN LLP

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 901 N. GLEBE ROAD, SUITE

Preparer

Use Only

NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

Form	990 (2018) FOUNDATION, INC. 05-0604611 Page 2
	t 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:
	TO AWARD SCHOLARSHIP ASSISTANCE FOR POST HIGH SCHOOL EDUCATION TO
	FULL-TIME EMPLOYEES OF NATIONAL AUTO AUCTION ASSOCIATION MEMBER
	AUCTIONS AND CORPORATE OFFICES, THEIR CHILDREN AND GRANDCHILDREN. TO
	AWARD DISASTER RELIEF FUNDS TO QUALIFIED VICTIMS OF A DECLARED
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ü	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 58,016 • including grants of \$ 52,000 •) (Revenue \$)
4a	(Code:) (Expenses \$ 58,016 · including grants of \$ 52,000 ·) (Revenue \$) SCHOLARSHIP AWARDS - AWARDED TWELVE SCHOLARSHIPS TOTALING NET OF
	\$52,000 AS A MEANS TO SUPPORT STUDENTS IN THEIR ACADEMIC ENDEAVORS.
	752,000 AD A MEAND TO BUTTOKE DECEMBER THE TREE PROPERTY OF THE TREE PROPERTY OF THE PROPERTY
4b	(Code:) (Expenses \$
	(Code: \ /Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 58,016.
	Form 990 (2018)

Part IV 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)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
^	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ů	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.	133.5	144	
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		Х
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
c	Did the organization report an amount for investments • program related in Part X, line 13 that is 5% or more of its total			l
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١., ا	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
	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	_		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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	· · · ·		
13	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	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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			۱,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04=		х
	Schedule K. If *No, * go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A 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 Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
		V SAN	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W 26 included in line 1s. Enter 0 if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		1c		
	(gambling) winnings to prize winners?	- 10		

Series the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return. If I if seat an is reported on fine 2a, did the organization field a regulared to −70e (see instructions) 3 no lof, the sum of lines 1a and 2a is greater than 250, you may be required to −70e (see instructions) 3 of lof the organization have unclasted business gross increme of 15 (100 or more during the year) 3 of lof the organization have unclasted business gross increme of 15 (100 or more during the year) 3 of lof the organization have unclasted business gross increme of 15 (100 or more during the year) 3 of lof Year, 1 organization have an interest in, or a deplature or other authority ower, a district organization have an interest in, or a deplature or other authority ower, a district organization have an interest in, or a deplature or other authority ower, a district organization from 15 (100 or more during the calendar) 5 of Was the organization and party to party organization from 15 (100 or more during the calendar) 5 of Was the organization and party to party or particulated text shallest transaction at any time during the tax year? 5 of if Yes' to line 3 or 50, did the organization field it was or 1s a party to a prohibited text shallest transaction at any time during the tax shallest transaction solid any contributions that were not tax deductable as charitable contributions? 5 of Was the organization and party to ground the organization solid any contributions that there are no party organization and party for goods and services provided to the payor? 5 of Yes, i reductable that organization and business of the organization receive a speriment in excess of \$5 masks party sea contributions and party for goods and services provided to the payor? 5 of Was the organization and party that do not the value of the goods or evervices provided? 6 of Was payor that the organization and party that do not the value of the go	Pan	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
field for the calendar year ending with or within the year covered by this return 22 0 0 Note. If the segment is reported on the 26, did the organization file all regulared decal employment tax returns? 25 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to ending the contributions 250. If the organization have unrelated business greate income of \$1,000 or more outing the year? 28 Note. If the organization have unrelated business greates income of \$1,000 or more outing the year? 28 Note 1st and 1st an		1 1	50.735	Yes	No
b If a lost one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of files is and 2a is greater than 250, you may be required to e-file (see instructions) 3a If the organization have unrelated business gross incume of \$1,000 or more during the year? 3b If Yes, * has it it all a form 360-1 for this year? /f No* 1 to the 3b, provide an explanation in Schedule 0 3a A tany time during the related year, did the organization have an interest in, or a significance or other authority over, a financial account in a foreign country. Even the name of the froign country. Even the name of the name of the froign should be name to the name of the name o		1 1 ^			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-78e (see instructions) 3 bit If verse, "has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O 3 bit Ness," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O 3 bit Ness," enter the name of the foreign country, seuch as a bank account, securities account, or other authority over, a financial account in in storaling country (such as a bank account, securities account, or other financial accountry? 4 bit "Yes," enter the name of the foreign country, seuch as a bank account, securities account, or other financial accountry? 5 bit was the organization a party to a prohibitod tax sheller transaction at any time during the tax year? 5 bit any scandization a party to a prohibitod for sheller transaction at any time during the tax year? 5 bit any scandization and party to a prohibitod for sheller transaction at any time during the tax year? 5 bit of the standing party notify the organization file form 88861-7? 6 bit of the organization has characteristic that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions? 6 bit "Yes," and the organization in backs with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 bit "Hess," did the organization notify the other of the value of the goods or services provided? 8 bit "Hess," did the organization notify the other of the value of the goods or services provided? 9 bit "Hess," did the organization ender appretiation service and provided to the payor? 7 bit if "Yes," and the organization of the payor and the services provided? 9 bit the organization selected a contribution of qualified bitalegate personal property for which it was required to the form 8282? fled during the year 9 bit the organization selected and payor and payor and payor and payor and payor and payor and p		med for the described year drawing with or what the year developed by the real transfer of the second secon		149	753
Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X			20	15153	
b If Yes, "I was it litted a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b			0.54		
4a A ray 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 (sum as a bank account, securities account, or other financial accounts? b if "Yes," cinter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*PAK). 5a Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization to provide the second that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charlable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the was received adductible? 7 Organizations that may receive adductible contributions under section 170(c). 8 Did the organization have annual gross except the section 170(c). 9 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive adductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the value of the goods or services provided? 7 Did the organization metal that may receive adduction the donor of the value of the goods or services provided? 8 Did the organization self, exchange, or otherwise dispose of françible personal property for which it was required to file Form 8282? 10 Did the organization neally and contribution of express provided provided and the second of the provided of t					41
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country. cell stance of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b if a transmission of fining requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b id any extendible party notify the originatization that it was or is a party to a prohibited tax shelter transaction? c if "Yes" to line Sa or 5b, did the originatization file form 8988-17. c if "Yes" to line Sa or 5b, did the originatization file form 8988-17. c if "Yes", "did the originatization include with every solicitation an express statement that such contributions or gitts were not tax deductibles as charitable contributions? b if "Yes," did the originization include with every solicitation an express statement that such contributions or gitts were not tax deductibles? 7 organizations that may receive deductible contributions under section 170(c). 8 b if "Yes," did the organization notify the donor of the value of the goods or saw/ces provided? 7 b if "Yes," did the organization notify the donor of the value of the goods or saw/ces provided? 7 b if "Yes," indicate the number of Forms 8282 filed during the year 10 bid the organization received another individual organization received another individual organization received another individual organization received another individual organization foreive surface or individual organization received another individual property, did the organization received another individual property, did the organization received another individual property, did the organization received another individual property, did no organization ferom 8889 as required? 7 If the organization received another individual property, did the organization file Form 8899 as required? 8 Sponsoring organization make any taxable distributions under section 4960? 9 Section 501(c)(12)			30		
b il "Yes," enter the name of the foreign country." ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization aparty to a prohibited tax sheller transaction? 5b X Did any taxable party notify the organization fill for more 88677. So 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 cheritable contributions? So Il "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? So If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? So If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? So If "Yes," did the organization notify the donor of the value of the goods or endoces provided? Foreign if "Yes," did the organization notify the donor of the value of the goods or endoces provided? Foreign if "Yes," did the organization notify the donor of the value of the goods or endoces provided? Foreign if "Yes," did the organization and exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8868? Foreign if "Yes," did the organization and exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8868? Foreign interest in the second of the good of the			4.		v
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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. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 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 X			1.5	110	
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a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 X If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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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? If "Yes," complete Form 4720, Schedule O.			4		v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		, , , = ,		Major M	42
If "Yes," complete Form 4720, Schedule O.					У
			10	75 Y 15	
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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. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		383	
	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.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		100	
-	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>	\vdash	
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	├	$\frac{1}{X}$
5		6	├─	X
6	Did the organization have members or stockholders?	-	-	22
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۱ ـ ا	х	
_	more members of the governing body?	7a	Δ.	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			\ ₃₂
	persons other than the governing body?	7b	1.51 X	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1227		
	The governing body?	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u></u>	X
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7,57	100	15 (14)
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	777 201 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	10.50	14 <u>),</u> (4	3.54
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
ນ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	1616.01	
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X
	taxable entity during the year?	16a		42
a	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	- 1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Cther (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			······
	STEVEN A. MCCONNAUGHEY - 301-696-0400			
	5320 SPECTRUM DRIVE, SUITE D, FREDERICK, MD 21703			

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization (A)	(B)	1		((2)			(D)	(E)	(F)		
Name and Title	Average		Position		Position			ì		Reportable	Reportable	Estimated
	hours per	box (do	Position (do not check more than one box, unless person is both an					compensation	compensation	amount of		
	week	offi	cer an	dad	irecto	or/trus	tee)	from	from related	other		
	(list any	ndividual trustee or director						the	organizations	compensation		
	hours for related	ord	æ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ustee	nstitutional trustee		ぉ	ubeu		(W-2/1099-WIGO)		and related		
	below	jual t	tiona	_	nploy.	st cor	<u></u>			organizations		
	line)	ndivi	nstite	Officer	Key employee	Highest compensate employee	Former			3		
(1) JERRY HINTON	1.00											
PRESIDENT		X		X				0.	0.	0.		
(2) JACK NESHE	1.00		Ì									
TRUSTEE		Х						0.	0.	0.		
(3) PAUL LIPS	1.00											
TRUSTEE		1 X						0.	0.	0.		
(4) MIKE BROWNING	1.00	Г										
TRUSTEE		X						0.	0.	0.		
(5) ELLIE JOHNSON	1.00								"			
TRUSTEE		X						0.	0.	0.		
(6) WARREN CLAUSS	1.00											
TRUSTEE		X						0.	0.	0.		
(7) FRANK HACKET	1.00											
VICE PRESIDENT				Х			L	0.	0.	0.		
(8) STEVEN A. MCCONNAUGHEY	5.00								_	_		
SECRETARY/TREASURER		<u> </u>		Х				0.	0.	0.		
		<u> </u>	<u> </u>									
		_										
AMARAGA MARIA MARI		_										
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		Ц.,		i				<u> </u>				

Form 990 (2018)

Form 990 (2018) FOUNDATI									05-06	0461	1 P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hig	ghes	st C					
(A) Name and title	(B) Average hours per week	box	not c , unie	ss pe	ition more rson i	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) o a	mpensa from th rganizat and relat ganizati	e ion ed
												
di Ostrici						[0		_		
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	•••••				🕽		0. 0.	(0. 0.		0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100	,000 of reportable	1] v	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si				-				highest compensated e		. 3	Yes	No X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a),000?	" cor	nple	te S	ched	dule	J fo	or such individual	-	. 4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors										5		X
Complete this table for your five highest continuous the organization. Report compensation for the organization.										ensation	from	
(A) Name and business		NO				VVII.		(B) Description of se			C) ensation	1
											00 HTW 100	
							+					
				·								
Total number of independent contractors (in		ot lim	nited	to t	hose	e list	ed :	above) who received m	ore than			144 J. J. 14 J. J.
\$100,000 of compensation from the organiz	ation >				0					Form	990 (2	018)

	Tu ti es	Check if Schedule O cont	tains a response o	or note to any lir	ne in this Part VIII	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	а	Federated campaigns	1a					
[0 E.]	b	Membership dues	1b					
Ağı,	С	Fundraising events						
<u> </u>	d	Related organizations	1d					
ž <u>Ē</u>		Government grants (contribut						
	f	All other contributions, gifts, gran		DD 460				
흕훘		similar amounts not included abo		77,160.				
盲힐		Noncash contributions included in lines			77 100			
<u> </u>	h	Total. Add lines 1a-1f			77,160.			
				Business Code	3 (8 (12 8 D) 2 (8 P) 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND THE THE PRINCE		2.414
၌ 2	! a							
E e	b							
흔	c							
Real	d		<u>-</u>					
Program Service Revenue	e	All other program service reve	onuo.					
_		Total. Add lines 2a-2f						
3		Investment income (including						
"	•	other similar amounts)			138,879.			138,879.
4	L	Income from investment of ta						
5		Royalties						
ľ		Tioyanos	(i) Real	(ii) Personal			MENTAL AND	
	i a	Gross rents	(i) From	(a) i ordorran				
ľ		Less: rental expenses						
İ		Rental income or (loss)						
		Net rental income or (loss)		>				
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	328,801.					
	b	Less: cost or other basis						
		and sales expenses	319,865.					
	С	Gain or (loss)	8,936.					
	d	Net gain or (loss)			8,936.			8,936.
Other Revenue		Gross income from fundraisin including \$						
eve		contributions reported on line	1c). See					
<u>ا</u> ا		Part IV, line 18	a					
Ĕ	b	Less: direct expenses						
٦١	С	Net income or (loss) from fund	draising events	>				
9	а	Gross income from gaming ad	ctivities. See					
		Part IV, line 19						
		Less: direct expenses				· 中国特殊基本 是有其	Example of the fire	
		Net income or (loss) from gan		·····			THE CANADA AND A STATE OF THE S	
10	a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold				The second HIA Big Doc		
<u> </u>	c	Net income or (loss) from sale				g vansker om en en en en en en en en en en en en en		Marchael Santa (Santa Carlos C
<u> </u>		Miscellaneous Revenu	ie .	Business Code			Agents Comme	
11	la							
	b							
	С							
	d	All other revenue				ere of the specific and specific		
- 1	е	Total. Add lines 11a-11d			224,975.	0.	0.	147,815.
12		Total revenue. See instructions						

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 (A) Total expenses (B) Do not include amounts reported on lines 6b. Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 52,000. 52,000 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees ______ Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 Management b Legal 10,953. 10,953 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 19,158 19,158. Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 3,250 3,250. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,778. 2,766. 12. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 45. 45. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 991. 991. Insurance 23 Other expenses, Itemize expenses not covered 24 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.) All other expenses 31,159.0. 89,175. 58,016 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

art X	Balance Sheet		,	
	Check if Schedule O contains a response or note to any line in this Part X	(A)	<u></u>	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	8,423.	1	115,565
2	Savings and temporary cash investments	280,255.	2	262,351
3	Pledges and grants receivable, net	***************************************	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		1000	
"	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		141.41	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		344	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	991.	9	991
	Land, buildings, and equipment: cost or other			
1.00	basis. Complete Part VI of Schedule D 10a			
h	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	2,022,706.	11	1,853,668
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	8,851.	15	8,829
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,321,226.	16	2,241,404
17	Accounts payable and accrued expenses		17	
18	Grants payable	***************************************	18	
19	Deferred revenue		19	V
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		4,11	
12	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
120	Organizations that follow SFAS 117 (ASC 958), check here			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,296,226.	27	2,196,404
28	Temporarily restricted net assets	25,000.	28	2,196,404 45,000
29	Permanently restricted net assets		29	
~~	Organizations that do not follow SFAS 117 (ASC 958), check here		34.5	
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	' '	30	'
100	Paid-in or capital surplus, or land, building, or equipment fund		31	
24				
31	·		32	B .
31 32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	2,321,226.	32 33	2,241,404

Par	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		***************************************			يليا	
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	2,	224 89 13! 32:	1,9' 9,1' 5,8' 1,2'	75. 00. 26.	
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,	10	2	24	L,4	n4.	
Dai	column (B)) rt XIII Financial Statements and Reporting	Ю			-,-	<u> </u>	
r a	Check if Schedule O contains a response or note to any line in this Part XII						
	Citeck if Schedule O contains a response of flote to any line in that a continuous				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	d on a		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of the review, or compilation of its financial statements and selection of an independent accountant?			2c	x		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			~	- 11 []	1.7	
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
Jd	Act and OMB Circular A-133?			За		X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			\neg			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			
				orm	9907	2018	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NAAA WARREN YOUNG, SR. SCHOLASTIC Name of the organization 05-0604611 FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s), (iii) Type of organization (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) ElN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC. 05-06046 [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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	:					
	membership fees received. (Do not						
	include any "unusual grants.")	673,990.	46,103.	29,500.	14,290.	77,160.	841,043.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	i					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	673,990.	46,103.	29,500.	14,290.	77,160.	841,043.
	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)						500,072.
6	Public support. Subtract line 5 from line 4.					134555150011	340,971.
	ction B. Total Support	1	·			1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(a) 2014 673, 990.	46,103.	29,500.	14,290.	(e) 2018 77,160.	841,043.
8	Gross income from interest,	1	,		•	•	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	104,173.	110,016.	68,440.	112,005.	138,879.	533,513.
9	Net income from unrelated business						
Э							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					l	
	assets (Explain in Part VI.) Total support, Add lines 7 through 10						1,374,556.
		ata fa a baatu att			The second second second	12	
12	Gross receipts from related activities			d farudh au fifth ta	**********	L 1	
13	First five years. If the Form 990 is fo						. □
200	organization, check this box and sto ction C. Computation of Pub	ic Support Pe	rcentage				
	· · · · · · · · · · · · · · · · · · ·			-1 (0)		14	24.81 %
	Public support percentage for 2018 (-	• • • • • • • • • • • • • • • • • • • •	***************************************	15	27 00
	Public support percentage from 2017						
168	33 1/3% support test - 2018. If the	-					
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2017. If the						. 77
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir		·	-			. 🖂
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17k			
					Sche	edule A (Form 990	or 990-EZ1 2018

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

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

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

Se	ction A. Public Support						
Cale	endar 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 per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					<u> </u>	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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			İ			
					1		
	Add lines 7a and 7b		STORY CHEET CACE				
	Public support. (Subtract line 7c from line 6.) ction B. Total Support			373 - 3788 - 3	****	The County for a feet	
		(-) 0014	(I-) 001E	(-) 0016	(d) 0017	/a) 0010	Is) Total
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	İ					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on				1 *		ŀ
12	Other income. Do not include gain					"	
	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the examination's	firet eccond this	d fourth or fifth t	av voar as a socti	n 501/c)/3) organi:	zation
14	=						
Ca.	check this box and stop here ction C. Computation of Publ						
				l (A)		746	0/
	Public support percentage for 2018 (15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	ction D. Computation of Inves	······································		40 1		T 4-1	
	Investment income percentage for 20					17	
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly :	supported organiz	ation	▶└
Ł	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>
	00 10 11 10				Coh	adula A /Form 99/	3 AV 000 E71 2010

Part IV | Supporting Organizations

Cootion A

(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.)

Sec	ection A. All Supporting Organizations					
	A D Page C State C Sta	and the standard of the second of the second				

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

	Yes	No
	14.4% 16.4% 17.4%	
1	Section 5	518-51
		10.7
2	71. 54	1147
За		
3b		
N.		1575
3с		
4a	Agrico.	14 (V. 1) 14 (V. 1)
4b		
4c		
5a	३,७००	*14.3
5b		
5c		
96		
8	Yey	100
9a		N. H
9b	14	
9c		
10a	154	Name of the second
10b 90 or 99		00.40

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INC.

05-0604611 Page 5

	TOTAL TAIC	DCIIO		5-0604611 Page 6
	dule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.			3-0004011 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete:	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	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		
Sect	ion 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):	1100		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1100		
_	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		111111111111111111111111111111111111111
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		
	ion 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		

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

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

NAAA WARREN YOUNG, SR. SCHOLASTIC 05-0604611 Page 7 Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (iii) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 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 a From 2013 b From 2014 c From 2015 d From 2016 e 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) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder, Subtract lines 4a and 4b from 4. 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. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

NAAA WARREN YOUNG, SR. SCHOLASTIC

Schedule A	(Form 990 or 990-EZ) 2018 FOUNDATION,	INC.	05-0604611 Page 8
Part VI	Supplemental Information. Provide the expansion of the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section E	xplanations required by Part II, line 10; Part II, line 17a c 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines action E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part , lines 2, 5, and 6. Also complete this part for any addition	or 17b: Part III. line 12:
-	(See instructions.)		
			
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Schedule B

(Form 990, 990-EZ, 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

2018

Name of the organization

NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

Employer identification number

05-0604611

Organizati	i on type (check or	e):
Filers of:		Section:
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-F	PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
·=	=	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General R	ule	
	v	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Ru	ules	
se ar	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 , 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; ine 1. Complete Parts I and II.
ye pı	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
y∈ is pı	ear, contributions checked, enter h urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \(\)\$
but it must	t answer "No" on l	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

Employer identification number

05-0604611

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if addition	al space is needed.
--------	--------------	---------------------	----------------------	-----------------------	---------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 27,500.	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		\$ 35,000.	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		\$	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 Oncash 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.)

Name of organization
NAAA WARREN YOUNG, SR. SCHOLASTIC

Employer identification number

05-0604611

TOMOD:	ATION, INC.		-0604611
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(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
			-

Employer identification number Name of organization NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION INC. 05-0604611 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

832051 10-29-18

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

NAAA WARREN YOUNG, SR. SCHOLASTIC

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION, INC. Employer identification number 05-0604611

<u> i a</u>	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's		1 1 1 1
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		1 1 1 1
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	l historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
·	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	\$		•
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	itement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed	fucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
	For Panerwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

NAAA WARREN YOUNG, SR. SCHOLASTIC

_		ION, INC.								- Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	ion, and other record	ds, check a	my of the	following that	t are a sig	nificant	use of its	collectior	ı items
	(check all that apply):									
а	Public exhibition	ď	յ լե	an or exc	hange progra	ms				
b	Scholarly research	6	• ∐ 01	her						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how the	y further ti	he organizatio	on's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical trea	sures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organiz	ration's co	ollection?			<u>,</u>	Yes	No.
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the o	rganizatio	n answered "	Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for co	ntribution	ns or other ass	sets not ir	rcluded	_	-	
	on Form 990, Part X?							L	Yes	Ll No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ole:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			,
f	Ending balance						11		·	···, , , .
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	ustodial accou	unt liability	y?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization ar	nswered "Y	'es" on Fo						
		(a) Current year	(b) Pric	r year	(c) Two years	s back (d	i) Three y	ears back	(e) Four	years back
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 cur	rent year end baland	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administer	ed for the	e organiz	zation	_	
	by:								,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							.,,	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on Sch	edule R?	***************************************				3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment fu	nds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, I	ine 11a. S	See Form 990,	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (invest	ment)	basis	<u> </u>		eciation			
1a	Land					A Assist	ATATE OF			
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column	(B), line 1	(Oc.)			D		0.

- FOUI	NOITAGE	I. INC.

Complete if the organization answered "Yes" or				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	············	STATE OF THE STATE		
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990	, Part X, line 15,	
The state of the s	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.	10./			
Complete if the organization answered "Yes" o	n Form 900 Part IV line	a 11a ar 11f Saa Fa	m 000 Part V line 25	.
(a) Description of liability	Troin 550, raitiv, in	(b) Book value	in 990, rait X, inte 20	
		(b) Book value		
(1) Federal income taxes				
(2)				시 가 보이라 하는데 등 기가 있다.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			The May be a Red Back	
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote	to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions under F	IN 48 (ASC 740). Chec	k here if the text of t	ne footnote has been	provided in Part XIII X

832053 10-29-18

Schedule D (Form 990) 2018

FOUNDATION, INC.

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total revenue, gains, and other support per audited financial statements				10,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	045 400		
а	Net unrealized gains (losses) on investments		-215,622.		
þ	Donated services and use of facilities		20,700.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d		542452	104 000
е	Add lines 2a through 2d			2e	-194,922. $205,817.$
3	Subtract line 2e from line 1			3	ZU3,017.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	14-1	19,158.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		17,130.		
b	Other (Describe in Part XIII.)				19,158.
c	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	224,975.
Dai	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per		
Ι α	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		2		- -
1	Total expenses and losses per audited financial statements			1	90,717.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	20,700.		
b	Prior year adjustments				
c	Other losses	·			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	20,700.
3	Subtract line 2e from line 1			3	70,017.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,158.		
	Other (Describe in Part XIII.)	1			
	Add lines 4a and 4b		***********	4c	19,158.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89,175.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	: IV, lines 1b	and 2b; Part V, line	4; Part X	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional info	mation.		
PAI	RT X, LINE 2:				
	TOTALDA MITORIA CITACONE MAN DEMINATO ADE GUDT	73/JM M/		יט פועי	እ እ <i>ያ</i> ፒ እፒ እ ጠ ፒ <i>(</i>
THI	FOUNDATION'S INCOME TAX RETURNS ARE SUBJ	ECT TO) KEVIEW AN	D EV	AMINATION
DV	FEDERAL AND STATE AUTHORITIES. THE FOUNDA	пт∩м -	רכי אזריידי אנענאים	E OE	λNV
BY	FEDERAL AND STATE AUTHORITIES. THE FOUNDA	TION .	TAWAY TOM GI	E OF	WMI
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2018 Open to Public

Inspection

OMB No. 1545-0047

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

▼ Attach to Form 990.

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

ŝ Employer identification number 05-0604611(h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SR. SCHOLASTIC (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table NAAA WARREN YOUNG, General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government Name of the organization Part Part II

Schedule I (Form 990) (2018)

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

NAAA WARREN YOUNG, SR. SCHOLASTIC

FOUNDATION, INC.

Schedule I (Form 990) (2018)

Part

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

05-0604611

(f) Description of noncash assistance (book, FMV, appraisal, other) THE STUDENT. THE RECIPIENTS TRANSCRIPT WHEN REQUESTED. SCHOLARSHIP MANAGEMENT WILL REFUND THE FOUNDATION FOR FUNDS REQUIRED TO NOTIFY QF. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE FOUNDATION. PAYMENTS ARE MADE IN EQUAL INSTALLMENTS ON AUGUST 15 AND ON BEHALF SCHOOL COMPLETE 0 (d) Amount of non-cash assistance SCHOLARSHIP MANAGEMENT SERVICES PROCESS SCHOLARSHIP PAYMENTS IN ADDRESS, HOWEVER, OTHER RELEVANT INFORMATION AND TO SEND A 52,000. (c) Amount of cash grant DECEMBER 30. CHECKS ARE MAILED TO THE SCHOOL OF THEY ARE, CHANGES (b) Number of recipients 12 SERVICES OF ANY THE FOUNDATION. (a) Type of grant or assistance SCHOLARSHIP MANAGEMENT HAVE NO OBLIGATION TO NOT DISTRIBUTED 8 LINE SCHOLARSHIP AWARDS ENROLLMENT PART I,

Schedule I (Form 990) (2018)

832102 11-02-18

SCHEDULE 0

(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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAAA WARREN YOUNG, SR. SCHOLASTIC

Employer identification number 05-0604611

FOUNDATION, INC. 05-0604611 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NATIONAL DISASTER. FORM 990, PART VI, SECTION A, LINE 7A: AT EACH ANNUAL MEETING, THE TRUSTEES SHALL ELECT TRUSTEES TO HOLD OFFICE UNTIL THE NEXT ANNUAL MEETING AND UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE SECRETARY/TREASURER. THE DRAFT 990 WILL BE PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FINALIZATION FOR THEIR REVIEW AND COMMENTS. ONCE APPROVED, THE FINAL FORM 990 WILL BE SUPPLIED TO EACH BOARD TRUSTEE AND FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO EACH MEETING OF THE ORGANIZATION. MEMBERS OF THE BOARD, OFFICERS, VOLUNTEERS, AND KEY EMPLOYEES SHALL DISCLOSE ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS AND, AS REQUIRED, REMOVE THEMSELVES FROM ALL DISCUSSION AND VOTING ON ANY RELATED MATTER. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)