BRADY, WARE & SCHOENFELD, INC. 3601 RIGBY ROAD SUITE 400 DAYTON, OH 45342

> CRAYONS TO CLASSROOMS 1750 WOODMAN DRIVE DAYTON, OH 45420-3639

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June 24, 2020

Mr. Stephen Rubenstein Crayons to Classrooms 1750 Woodman Drive Dayton, OH 45420-3639

Dear Steve:

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

BRADY, WARE & SCHOENFELD, INC.

Todd R. Roberts CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared for	Mr. Stephen Rubenstein Crayons to Classrooms 1750 Woodman Drive Dayton, OH 45420-3639
Prepared by	Brady, Ware & Schoenfeld, Inc. 3601 Rigby Road Suite 400 Dayton, OH 45342
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-E0 to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-E0 to us by July 15, 2020.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

, 2019, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

2019

Employer identification number

-*4574

20

CRAYONS TO CLASSROOMS

Name and title of of	licer	
STEPHEN A	Α.	RUBENSTEIN
EXECUTIVE	Ξ	IRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2019, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,421,353.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize BRADY, WARE & SCHOENFELD, ERO firm name	INC • to enter my PIN 13535 Enter five numbers, but do not enter all zeros
	y filed return. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I also authorize the aforementioned ERO to
o , , , , , , , , , , , , , , , , , , ,	ure on the organization's tax year 2019 electronically filed return. If I have with a state agency(ies) regulating charities as part of the IRS Fed/State creen.
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	31930114767 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on th confirm that I am submitting this return in accordance with the requirement <i>e-file</i> Providers for Business Returns.	, ,
ERO's signature	Date 06/24/20
	Form - See Instructions IRS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)
923051 10-03-19	

2019.04000 CRAYONS TO CLASSROOMS

Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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

. . .

2 19 Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.
Do not enter social security numbers on this form as it may be made public.

AF	or the	2019 calendar year, or tax year beginning and	ending	_	
B c	heck if	c Name of organization	cation number		
	Addres	CRAIONS TO CLASSROOMS			
	Name Change	Doing business as		**-***45	74
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final return/			937-528-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,455,922.
	Amenc	$\mathbf{DAYTON}, \mathbf{OH} 45420 - 3639$		H(a) Is this a group re	eturn
	Applic:	a- F Name and address of principal officer: STEPHEN A. RUBENST	EIN	for subordinates	? Yes X No
	pendin	⁹ 1750 WOODMAN DRIVE, DAYTON, OH 45420-	3639	H(b) Are all subordinates in	Icluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. (see instructions)
J١	Vebsit	e: ▶ WWW.DC2C.ORG		H(c) Group exemption	n number 🕨
ΚF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2007 N	State of legal domicile: OH
Pa		Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:	ECT AN	ID DISTRIBUT	E BASIC
Activities & Governance		SCHOOL SUPPLIES AT NO COST TO TEACHERS O	F CHII	DREN IN NEE	D.
ern	2	Check this box $ig > igsqcup$ if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	
Š					18
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) \ldots		5	0
iziti	6	Total number of volunteers (estimate if necessary)			0
Acti	7a `	a Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	b Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
P		Contributions and grants (Part VIII, line 1h)		3,730,593.	3,291,037.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	130,316.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,730,593.	3,421,353.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25) 🕨 105, 6		3,367,529.	4 0 6 1 0 0 5
ш					4,261,095.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,367,529.	4,261,095.
,	19	Revenue less expenses. Subtract line 18 from line 12		363,064.	-839,742.
ts or nces			Be	ginning of Current Year	End of Year
sset 3ala		Total assets (Part X, line 16)	·····	5,501,365.	4,761,636.
Net Assets (Fund Balanc		Total liabilities (Part X, line 26)		36,306.	41,101.
		Net assets or fund balances. Subtract line 21 from line 20		5,465,059.	4,720,535.
1 1 2 2	art II				

Fart II Signature BIOCK

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer STEPHEN A. RUBENSTEIN, EXECUTIVE DIRECTOR Type or print name and title	Date					
Paid Preparer	Print/Type preparer's name Preparer's signature Date TODD R. ROBERTS CPA TODD R. ROBERTS CPA 06/24 Firm's name BRADY, WARE & SCHOENFELD, INC. 06/24	Check PTIN ^f ^f ^f ^f ^f ^f ^{self-employed} ₽00197560 Firm's EIN ► **-**6702					
Use Only	se Only Firm's address 3601 RIGBY ROAD SUITE 400 DAYTON, OH 45342 Phone no. (937)223-52						
May the II	May the IRS discuss this return with the preparer shown above? (see instructions) 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

	1 990 (2019) CRAYONS TO CLASSROOMS **-**4574 Page 2
Pa	rt 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 ENHANCE THE READINESS TO LEARN OF ALL CHILDREN IN NEED IN THE
	GREATER DAYTON, OHIO AREA BY PROVIDING THEM THE BASIC SCHOOL SUPPLIES
	THAT ARE ESSENTIAL TO ACADEMIC SUCCESS - AT NO COST TO THE CHILDREN'S
	TEACHERS, FAMILIES, OR SCHOOLS.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,031,256. including grants of \$) (Revenue \$)
	PROVIDED BASIC SCHOOL SUPPLIES, FOR THE 2019 - 2020 SCHOOL YEAR, THAT
	ARE ESSENTIAL TO ACADEMIC SUCCESS - AT NO COST TO THE CHILDREN'S
	TEACHERS, FAMILIES, OR SCHOOLS.
	NUMBER OF SCHOOLS SERVED 106
	NUMBER OF SCHOOLS SERVED 100 NEW TEACHERS SERVED 453
	TOTAL SHOPPING VISITS 2021
	MERCHANDISE DISTRIBUTED \$2,156,795
4b	(Code:) (Expenses \$
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,031,256.
	Form 990 (2019)
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 Form 990 (2019)
 CRAYONS
 TO
 CLASSROOMS

 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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
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2019.04000 CRAYONS TO CLASSROOMS

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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? 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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	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	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		30	- 23	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			1.10
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	4 01-20-20	Form	990	(2019)
	4			,

2019.04000 CRAYONS TO CLASSROOMS

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Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country ►	—		
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	50		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli			
Ua				x
h	any contributions that were not tax deductible as charitable contributions?	<u>0a</u>		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
		payor? 7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e		7e		х
f				Х
g			Х	
h	· · · · · · · · · · · · · · · · · · ·			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 13b			
	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	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
	If "Yes," complete Form 4720, Schedule O.			

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CRAYONS TO CLASSROOMS

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				_
		1 1	1 0	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	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 on Schedule O.		1 0		
b	Enter the number of voting members included on line 1a, above, who are independent		18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		ļ
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?		3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		1
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				Ι
	more members of the governing body?		. 7a		I
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				T
	persons other than the governing body?		7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				t
-	The governing body?		8a	x	l
b	Each committee with authority to act on behalf of the governing body?		0a 8b	X	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			<u></u>	┨
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal		9		
	tion D. Tonoico (mis Section D requests information about policies not required by the internal			Yes	1
0-2	Did the organization have local chapters, branches, or affiliates?		10a	103	┨
	Did the organization have local chapters, branches, or affiliates?		10a		┨
D	If "Yes," did the organization have written policies and procedures governing the activities of such		101-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form	? 11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37	ļ
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	4
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12 b	X	1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done			X	1
3	Did the organization have a written whistleblower policy?			Х	1
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and appro	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			I
а	The organization's CEO, Executive Director, or top management official		15a	X	I
	Other officers or key employees of the organization			X	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			I
	taxable entity during the year?		16a		I
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				I
			16b		I
er	exempt status with respect to such arrangements?			I	1
<u>cc</u> 7	List the states with which a copy of this Form 990 is required to be filed OH				
, 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 501)	c)(3)e only	/) avai	i I-
	for public inspection. Indicate how you made these available. Check all that apply.			, avd	10
		in on Schodula ()			
•		in on Schedule O)	and for		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy	, and fina	ncial	
•	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨 _			
	STEPHEN RUBENSTEIN - 937-528-6401				
	1750 WOODMAN DRIVE, DAYTON, OH 45420-3639		-	000	_
2006	3 01-20-20		Forn	1 990	(
	6				
/0	624 795339 19237.000 2019.04000 CRAYONS TO CLA	SSROOMS	19:	237	

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		er an		lirecto	or/trus	lee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		(***2/1033*****100)		and related
	below	Individual trustee	Institutional trustee	L_	Key employee	est co oyee	Ъ			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Former			0
(1) JOE BALDASARE	1.00									
BOARD MEMBER		x						0.	0.	0.
(2) MICHAEL GREITZER	1.00									
BOARD CHAIR		x		x				0.	0.	0.
(3) TRISHA DUFF	1.00									
BOARD MEMBER		x						0.	0.	0.
(4) BONNIE SMITH	1.00									
PAST BOARD CHAIR		x						0.	0.	0.
(5) LANCE DETRICK	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) JESSICA REESE	1.00									
BOARD MEMBER		x						0.	0.	0.
(7) LYNDA HOFFMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) AMY WIEDEMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) DAVID CLAPPER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) KIM DUNCAN	1.00									
BOARD VICE-CHAIR		X		X				0.	0.	0.
(11) PAM RATH	1.00									
SECRETARY		X		X				0.	0.	0.
(12) STEFANIE LITTLE	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) DAVID BALLER	1.00									
TREASURER		X		X				0.	0.	0.
(14) TRACY SZARZI-FORS	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) DAVID BOWMAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) RUSTY CLIFFORD	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) PATTY SORRELL	1.00									
BOARD MEMBER		х						0.	0.	0.
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2019.04000 CRAYONS TO CLASSROOMS

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Form **990** (2019)

	990 (2019) CRAYONS									**_**	**4	574	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c , unle	(C Pos heck ss pe	C) ition more rson i		one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatio from related		am	(F) timate ount 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-MIS		fro orga anc	pensa om the anizat I relat nizatie	e ion ed
	STEVE RUBENSTEIN	40.00			x				87,369.		0.	1 (9,0	٤٥
<u>EXEC</u>	UTIVE DIRECTOR				A				07,309.		0.		,0	
	Subtotal								87,369.		0.	1	9.0	60.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.		9,0	0.
2	Total number of individuals (including but n compensation from the organization								-	,000 of reportabl	-			0
3	Did the organization list any former officer,	director, trust	ee, ł	(ev e	emp	love	e, or	hic	phest compensated emp	oloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .	<u></u>				5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-	-								ipens	ation fi	rom	
	(A) Name and business			DNI		VILLI			(B) Description of s		С	(C comper		n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organized structure of the transmission from the organized structure of the transmission from transmission from the transmission from trans	•	iot lii	mite	d to	tho: (se lis)	stec	d above) who received n	nore than				
												Form	19U ()	2019)

932008 01-20-20

Form	1 99	0 (2	,			CL	ASSROOMS			**-***4	574	Page 9
Pa	rt \	/	Statement of Re	evenu	le							
			Check if Schedule O	contai	ns a respo	nse	or note to any lir			(0)		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenuè from ta	D) excluded ix under 512 - 514
nts its	1	а	Federated campaigns		1a							
, Gifts, Grants ilar Amounts			Membership dues								ĺ	
Am C			Fundraising events								ĺ	
Gift		d	Related organizations		1d						ĺ	
ns, Simi		е	Government grants (cont	ributio	ns) 1e						ĺ	
er S		f	All other contributions, gifts,			~					ĺ	
oth			similar amounts not included		1 f	3,	291,037.				ĺ	
Contributions, Gift and Other Similar		-	Noncash contributions included in				987,933.	2 201 027			ĺ	
aC		h	Total. Add lines 1a-1f					3,291,037.				
•	~	_					Business Code					
Program Service Revenue	2	a ⊾										
Ser		b										
an Ver		c d										
Be		e e										
Pro		f	All other program service	reven	ue							
			Total. Add lines 2a-2f									
	3		Investment income (inclu								[
			other similar amounts)									
	4		Income from investment									
	5		Royalties	· <u> </u>								
					(i) Real		(ii) Personal				ĺ	
	6	а	Gross rents	6a							ĺ	
			Less: rental expenses \dots	6b							ĺ	
			Rental income or (loss)	6c								
			Net rental income or (loss									
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				ĺ	
			assets other than inventory	7a							ĺ	
e		b	Less: cost or other basis								ĺ	
venue		-	and sales expenses Gain or (loss)								ĺ	
രി			Net gain or (loss)									
Other Ro	8		Gross income from fundraisi			<u> </u>						
oth	Ŭ	u	including \$	-	•						ĺ	
-			contributions reported on								ĺ	
			Part IV, line 18		-	8a	164,885.				ĺ	
		b	Less: direct expenses			8b					ĺ	
		с	Net income or (loss) from	fundra	aising ever	nts	►	130,316.			130	,316.
	9	а	Gross income from gamir									
			Part IV, line 19			9a						
			Less: direct expenses			9b						
			Net income or (loss) from			s <u></u>	🕨				 	
	10	а	Gross sales of inventory,									
			and allowances			10a					ĺ	
			Less: cost of goods sold			10b	•					
		С	Net income or (loss) from	sales	oi invento	ıy	Business Code					
snc	11	я					Suchess Oue					
Miscellaneous Revenue	••	a b										
evel		c										
Alisc R.			All other revenue								[
2			Total. Add lines 11a-11d				>					
	12		Total revenue. See instruction					3,421,353.	0.	0.	130	,316.
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9

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	e or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management	8,973.	4,343.	3,850.	780
b	Legal				
с	Accounting	60,800.		60,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	8,701.	9,325.	-624.	
4	Information technology				
5	Royalties				
6	Occupancy	16,486.	7,656.	8,830.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 001		F 100	1 1 2 2
9	Conferences, conventions, and meetings	7,281.	647.	5,196.	1,438
0	Interest				
1	Payments to affiliates	20 700	20 700		
2	Depreciation, depletion, and amortization	39,708.	39,708.		
3					
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule (D)				

3,660,805.

4,261,095.

421,815.

11,078.

10,738.

14,710.

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а

b

С

d

е

25

26

SUPPLIES

Check here

All other expenses

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amount, list line 24e expenses on Schedule 0.)

GOODWILL FOR LABOR & BE

REPAIRS AND MAINTENANCE

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

COST OF GOODS SOLD

10 2019.04000 CRAYONS TO CLASSROOMS

3,660,805.

4,031,256.

279,189.

11,078.

10,738.

7,767.

39,185

6,943.

124,180.

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103,441.

105,659.

19237_01

CRAYONS TO CLASSROOMS

-<u>*4</u>574 Page **11**

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			164,493.	2	93,732.
	3	Pledges and grants receivable, net			77,039.	3	97,260.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,707,442.	8	4,108,730.
As	9				7,748.	9	8,707.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		348,953.			
	b	Less: accumulated depreciation		136,311.	241,450.	10c	212,642.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			303,193.	12	240,565.
	13	Investments - program-related. See Part IV, lin		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ec			5,501,365.	16	4,761,636.
	17	Accounts payable and accrued expenses			36,306.	17	41,101.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or fo					
itie		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre		F		23	
	24	Unsecured notes and loans payable to unrelat		F		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			36,306.	26	41,101.
		Organizations that follow FASB ASC 958, cl			•		,
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			5,233,173.	27	4,513,590.
Bal	28	Net assets with donor restrictions			231,886.	28	206,945.
pu		Organizations that do not follow FASB ASC			•		,
Fu		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,465,059.	32	4,720,535.
~	33	Total liabilities and net assets/fund balances			5,501,365.	33	4,761,636.
	00	retainabilities and net assets/fund balances			-,,,		Form 990 (2019)

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Form 990 (2019) CRAY(Part X Balance Sheet

	1 990 (2019) CRAYONS TO CLASSROOMS	**_***	4574	Pag	je 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)		3,421		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,261	.,0	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	-839		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,465	5,0	59.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	95	5,2	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,720),5:	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	DOD /	0010

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

(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
	2019
	Open to Public Inspection
Employer	identification number

Name o	f the	organization
--------	-------	--------------

		CRAY	ONS TO CLA	SSROOMS				*	*-**4574
Part	1	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) S	ee instruction	S.	
The or	aani	ization is not a private found							
1		A church, convention of ch							
2		A school described in sect					-//-//-		
з [A hospital or a cooperative					ii).		
4	=	A medical research organiz					-	(iii) Enter	the hospital's name
• -		city, and state:		njunoton mar a noopha					the hospital e hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ned in
J _		section 170(b)(1)(A)(iv). (0				icu by a g	overnmentar		
e [• •	nontal unit described in	nantion 1	70(6)(4)(4)	M-A		
6 ∟ 7 □	X	A federal, state, or local go							un un lin, alon aviland in
14	<u>.</u>	An organization that norma		initial part of its support i	rom a gov	ernmenta	i unit or from	ine general	public described in
• [section 170(b)(1)(A)(vi). (C							
8 [=	A community trust describe							
9 🗆		An agricultural research org	-			-		-	-
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the collec	je or
Г	_	university:							
10 🗆		An organization that norma	•						•
		activities related to its exen							
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	_	See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	-	•	•				
12 🗌		An organization organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organization	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D	and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
fi	Ente	er the number of supported of	organizations						
gl	⊃rov	vide the following information	n about the supporte	ed organization(s).					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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Schedule A (Form 990 or 990-EZ) 2019 CRAYONS TO CLASSROOMS Part II Support Schedule for Organizations Described in C

** - ** 4574 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,658,502.	4,210,666.	3,545,943.	3,730,593.	3,291,037.	17,436,741.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,658,502.	4,210,666.	3,545,943.	3,730,593.	3,291,037.	17,436,741.
	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)						
6	Public support. Subtract line 5 from line 4.						17,436,741.
	ction B. Total Support						17,450,741.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,658,502.	4,210,666.	3,545,943.	3,730,593.	3,291,037.	17,436,741.
_		2,030,302.	4,210,000.	3,343,343.	3,130,333.	5,251,057.	17,430,741.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	498.	3.				501.
-	and income from similar sources	490.	J.				501.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1 500				1 500
	assets (Explain in Part VI.)		1,500.				1,500.
	Total support. Add lines 7 through 10						17,438,742.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —
0	organization, check this box and stop	here					
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	99.99 %
	Public support percentage from 2018					15	99.99 %
1 6a	33 1/3% support test - 2019. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box a	ind see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 CRAYONS TO CLASSROOMS

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(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	· · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			l fourth free			
14	First five years. If the Form 990 is for	-			•		yanization, ⊾
800	check this box and stop here	ia Support Da	rooptago				
-							
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves				<u>,</u>	1 1	
	Investment income percentage for 20			ine 13, column (f))	17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						line 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2018. If the	•					
	line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ation ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	▶∟
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3a

3b

3c

4a

4b

4c

5a

5b

5c

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7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
'a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2019 CRAYONS TO CLASSROOMS

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v inteara	ated Type III supporting or	anization (see

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

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Schedule A (Form 990 or 990 EZ) 2019 CRAYONS TO CLASSROOMS

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	r
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

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	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
2028 09-25-	Schedule A (Form 990 or 990-EZ
	Schedule A (Form 990 of 990-E2

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.

CRAYONS TO CLASSROOMS



Name of the organization

Employer identification number **-**4574

Pa			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		()
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in v	I writing that the assets held in donor advised	funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) 🛛 Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	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			
с	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		rganization during the tax
	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	t holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ts that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	-	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019
93205	10-02-19	27	
		4 /	

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2019.04000 CRAYONS TO CLASSROOMS

Sche	dule D (Form 990) 2019 CRAYONS	TO CLASSR	OOMS				*	*_**	*4574	1 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	at make s	ignificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🛄 ı	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	n how th	ney further t	he organizati	ion's exe	mpt purpos	se in Par	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		-	
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		•						-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	table:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								1	
	Did the organization include an amount on Fo								Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if							<u></u>		
Fai		-			1			ara baak	(a) Four	vooro book
10	Designing of year balance	(a) Current year	(D) P	rior year	(c) Two yea	IS DACK	(a) Thee ye	als Dack	(e) roui	YEATS DACK
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
e	Other expenditures for facilities									
f	and programs									
	Administrative expenses End of year balance									
g 2	Provide the estimated percentage of the curr	ent year and balanc	o (lino 1	a colump ()) held as:					
	Board designated or quasi-endowment	•	% (iiiie ii) %	g, column (a	a)) Heid as.					
	Permanent endowment	%								
		/0								
•	The percentages on lines 2a, 2b, and 2c show	-								
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for th	ne organiza	ation		
	by:								Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	D, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		• • •	or other (other)		ccumulated preciation	Ł	(d) Book	k value
1a	Land									
	Buildings									
	Leasehold improvements				3,844.		90,83			3,009.
	Equipment			6	5,109.		45,47	6.	19	9,633.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)				212	2,642.

Schedule D (Form 990) 2019

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	" on Form 990, Part IV, line ⁻	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)			n: Cost or end-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) BENEFICIAL INTEREST IN			
(B) ASSETS HELD BY OTHERS -			
(C) DAYTON FDN	240,565.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	240,565.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)	+		
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the progrization answered "Yes	" on Form 990 Part IV line	11d See Form 990 Part X	line 15
	" on Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part X,	
(a	" on Form 990, Part IV, line ⁻) Description	11d. See Form 990, Part X,	line 15. (b) Book value
(a (1)		11d. See Form 990, Part X,	
(a (1) (2)		11d. See Form 990, Part X,	
(a (1) (2) (3)		11d. See Form 990, Part X,	
(a (1) (2) (3) (4)		11d. See Form 990, Part X,	
(a (1) (2) (3) (4) (5)		11d. See Form 990, Part X,	
(a (1) (2) (3) (4)		11d. See Form 990, Part X,	
(a (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X,	
(a (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X,	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9)	I) Description	11d. See Form 990, Part X,	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) II	I) Description	11d. See Form 990, Part X,	
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Ii	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (9) (9) (8) (9) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2)	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4)	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	i) Description		(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	i) Description		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 CRAYONS TO CLASSROOMS			**_	***4574	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	etur	າ.	0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,646	,651.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	. 2b	130,080.			
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	. 2d	95,218.			
е	Add lines 2a through 2d			2e		<u>,298.</u>
3	Subtract line 2e from line 1			3	3,421	<u>,353.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,421	<u>,353.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				4 201	100
1	Total expenses and losses per audited financial statements			1	4,391	,1/5.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	120 000			
а	Donated services and use of facilities		130,080.			
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)				100	
е	Add lines 2a through 2d			2e		,080.
3	Subtract line 2e from line 1			3	4,261	,095.
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					
b	Other (Describe in Part XIII.)	. 4 b				•
С	Add lines 4a and 4b			4c	1 0 6 1	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,261	,095.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR
EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX
RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT"
OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT
PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE
RECOGNIZED IN OHE FINANCIAL STATEMENTS ONLY WHEN IT IS
"MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION,
INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED
UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION.
ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT
IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER
932054 10-02-19 Schedule D (Form 990) 2019 30
8070624 795339 19237.000 2019.04000 CRAYONS TO CLASSROOMS 19237_01

Schedule D (Form 990) 2019 CRAYONS TO CLASSE
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Schedule D (Form 990) 2019 CRAYONS TO CLASSROOMS Part XIII Supplemental Information (continued)	**-**4574 Page 5
THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WIT:	H A TAXING
AUTHORITY. NO SIGNIFICANT UNCERTAIN TAX POSITIONS EXIST	AS OF DECEMBER
31, 2019.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NPV PLEDGED REVENUE	1,743
CHANGE IN BENIFICIAL INTEREST IN FUNDS HELD BY OTHERS	93,475
TOTAL TO SCHEDULE D, PART XI, LINE 2D	95,218
	Schedule D (Form 990) 201
932055 10-02-19 31	

SCHEDULE G	Suppleme	ntal Information Regarding	Fune	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on				or 19,	, or if the	2019
Department of the Treasury	C	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru				ion.		Inspection
Name of the organization		TO CLASSROOMS					Employer ide **_**4	entification number 574
	complete this par	Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
1 Indicate whether th a A Mail solicitat	e organization rais ions email solicitations tations	sed funds through any of the followir $\mathbf{e} \square$ Solicitat	tion of	non-g gover	overnment grants nment grants			
key employees list	ed in Form 990, P highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu e organization.	rofess	ional f	undraising services?	?	Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		on is registered or licensed to solicit o		b utions	s or has been notified	d it is	exempt from r	egistration
			000 -	000	- 7	Dalt i		000 er 000 EZ) 0040
LHA For Paperwork Re	eauction Act Not	ice, see the Instructions for Form	990 or	990-l	=2.	scne	aule G (Form §	990 or 990-EZ) 2019

932081 09-11-19

	art II Fundraising Events. Complete if of fundraising event contributions and g		-	· · ·	-
		(a) Event #1 ANNIVERSARY CELEBRATION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ne		(event type)	(event type)	(total number)	- col. (c))
Revenue	1 Gross receipts	164,885.			164,885.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	164,885.			164,885.
	4 Cash prizes				
Se	5 Noncash prizes				
xpense	6 Rent/facility costs	13,766.			13,766.
Direct Expenses	7 Food and beverages				
	8 Entertainment9 Other direct expenses				20,803.
	10 Direct expense summary. Add lines 4 throu		L I	>	34,569. 130,316.
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
penses	2 Cash prizes				
	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
	 4 Rent/facility costs 5 Other direct expenses 		Yes %	Yes %	
		Yes%	└── Yes% └── No	└── Yes % └── No	
	5 Other direct expenses	└── Yes %		No	
	5 Other direct expenses 6 Volunteer labor	Yes % No No	□ No	<u>No</u> No	

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 CRAYONS TO CLASSROOMS	**-***4	574	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
3	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
				λ.
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	5.		
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	nt		
~	of gaming revenue retained by the third party \triangleright \$			
~	If "Yes," enter name and address of the third party:			
C	in res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Nama			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			—
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
Do	organization's own exempt activities during the tax year s			01- 101-
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, II	nes 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
3208		G (Form 990 o	or 990	-EZ) 2019
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2019.04000 CRAYONS TO CLASSROOMS

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		Schedule G (Form 990 or 990-EZ

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Composed Employees, and Highest Development of the meany interaction assessment of the form 90. Data to Part IV, line 23. Development for the meany interaction assessment of the form 90. The other officers, Directors, Markan Structure, St	SCHEDUL	Compensation Information	ON	IB No. 1	545-00	47
Complete if the organization answered "Yes" on Ferm 990, Part IV, line 23. Dere to Public Inspection CRAYONS TO CLASSROOMS CRAYONS	(Form 990	•		20	10	1
Department Departm				20	IJ	,
Image of the organization Image of the organization number CRAYONS TO CLASSROMS Employer identification number Part II Questions Regarding Compensation Employer identification number ** - *** 4 57 4 Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980, Part III, Section A, line 1a, complete Part III to rovide any relevant information regarding these items. Yes Yes No Check the appropriate box(es) if the organization provide any relevant information regarding these items. Part III, Section A, line 1a, complete Part III to rovide any relevant information regarding the personal residence No Pay of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of al of the expenses described above? If "No", complete Part III to explan 10 Did differe, including the CEOFxecutive Director, regarding the einst bencked on line 1a? 2 10 Diring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a netable organization. Secof/Cisceuto anore to change-choontrol payment?	Department of the	N Attack to Farms 000	Oţ	oen to	Publ	ic
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X	organiza	on or a related organization:				
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)		· · · · · · · · · · · · · · · · · · ·		4a		
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III. 8 X <td></td> <td></td> <td></td> <td>4b</td> <td></td> <td></td>				4b		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X ff "Yes" on line 6a or 6b, describe in Part III. 6a X b Any related organization? 6a X ff "Yes" on line 6a or 6b, describe in Part III. 7 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8				4c		X
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	If "Yes"	o any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-					
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			1			
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	•					v
b Wry related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						<u> </u>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			····· .	5b		^
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			י			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 			····· .	6D		~
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 				_		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				1		^
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						v
Regulations section 53.4958-6(c)? 9			····· .	8		~
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				-	- 000	

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Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenits	(1)(1)(1)	reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)								
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(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART VII SECTION A LINE 20 COLUMN D

STEPHEN RUBENSTEIN'S AND ALL OTHER EMPLOYEE'S SALARIES ARE PAID BY

GOODWILL EASTER SEALS MIAMI VALLEY BASED ON A CONTRACT BETWEEN THE TWO

ORGANIZATIONS. TOTAL COMPENSATION PAID FOR STEPHEN RUBENSTEIN WAS

\$106,429 INCLUDING BENENFITS.

Schedule J (Form 990) 2019

SCHEDULE L		Transactio	ns V	Vith	Interested	Persons			ON	1B No.	1545-0	047
(Form 990 or 990-EZ)	Complete if				s" on Form 990, Par -EZ, Part V, line 38a		6, 27,	28a,		20	19)
Department of the Treasury					990 or Form 990-E2				-	ben T		-
Internal Revenue Service		io to www.irs.gov/F	orm99	0 for ii	nstructions and the	latest information.				spect		<u> </u>
Name of the organization		S TO CLASS	ROOM	ß			-	-	identi *45		on nu	umber
Part I Excess I					ion 501(c)(4), and se	ection 501(c)(29) orga				/ =		
						o, or Form 990-EZ, Pa						
1 (a) Name of disgual	ified person	(b) Relationship be		•	lified (o	c) Description of tran	sactio	n		<u> </u>		ected?
		person and	organiza	ation	· · · · · · · · · · · · · · · · · · ·					<u> </u>	es	No
2 Enter the amount o	of tax incurred by	the organization ma	anagers	or dise	qualified persons du	ring the year under						
							I	\$				
3 Enter the amount o	of tax, if any, on li	ne 2, above, reimbu	rsed by	the or	ganization			▶ \$				
Part II Loans to	and/or From	n Interested Pe	rsons	5.								
	•				, Part V, line 38a or l	Form 990, Part IV, lin	e 26; o	or if th	ie orga	nizati	on	
		m 990, Part X, line 5	1						(h) App	roved	<u></u>	
(a) Name of interested person	(b) Relatio with organi		fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa		by boa	ard or	1 11 1	Vritten ement?
·				From			Yes	No	Yes		Yes	
Total		·····			▶ \$							1
		Benefiting Inte										
Complete i (a) Name of intere		n answered "Yes" or			art IV, line 27. (c) Amount of	(d) Type	of		(0)	Purp		. ,
(a) Name of Intere	sted person	(b) Relationshi interested pe the organi	rson an		assistance	assistance				assist)

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
LANCE DETRICK	BOARD MEMBER	469,935.	SEE SUPPLEM	1	X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LANCE DETRICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 469,935.

(D) DESCRIPTION OF TRANSACTION: SEE SUPPLEMENTAL INFORMATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

LANCE IS PRESIDENT OF GOODWILL EASTER SEALS MIAMI VALLEY. CRAYONS TO

CLASSROOMS CONTRACTS WITH GOODWILL TO PROVIDE 1) LEASED EMPLOYEES; 2)

ACCOUNTING SERVICES; 2) INFORMATION TECHNOLOGY SUPPORT; 4) PAYROLL AND

BENEFITS SERVICES; 5) HUMAN RESOURCE SERVICES; 6) OCCASIONAL

TRANSPORTATION SERVICES; AND 7) MISCELLANEOUS OTHER ADMINISTRATIVE

SUPPORT SERVICES. CRAYONS TO CLASSROOMS ALSO LEASES SPACE FROM

GOODWILL UNDER A BARGAIN LEASE AGREEMENT.

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

19

Department of the Treasury	
Internal Revenue Service	

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

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

	Inspection
Employer	identification number
*	*-***4574

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Ν	lame	of	the	orgar	nizat	tion
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CRAYONS TO CLASSROOMS

Pa	rt i j i ypes of Property		-						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on		(d) d of determir contribution a	•	ts
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18									
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (<u>SCHOOL SUPPLI</u>)	Х	240	2,987	,933.	FAIR MAF	RKET VA	LUE	
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	ported in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't require	ed to be u	sed for			
	exempt purposes for the entire holding period?	,					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandar	d contribu	itions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sel	l noncash				
	contributions?							X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column	n (a) is che	cked,			
	describe in Part II.			-	· -	-			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Sche	dule M (For	m 990) 2019

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

932142 09-27-19				Schedule M (Form 990) 2019
		42		
070624 795339 19237.000	2019.04000	CRAYONS	TO CLASSROOM	IS 19237_01

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number **-**4574

CRAYONS TO CLASSROOMS

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL BEFORE IT IS

FILED WITH THE IRS.

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

TRUSTEE WOULD RAISE A POTENTIAL CONFLICT OF INTEREST. THE INDIVIDUAL WOULD

BE EXCUSED FROM THE MEETING AND THE MATTER WOULD BE DISCUSSED BY THE FULL

BOARD. THE BOARD WOULD THEN MAKE A DETERMINATION IF A CONFLICT EXISTED.

MEMBER WOULD ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR COMPLETES A SELF-EVALUATION AND DISTRIBUTES IT TO THE

EXECUTIVE COMMITTEE FOR REVIEW. EXECUTIVE COMMITTEE COMPLETES AN EVALUATION

FORM FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS

COMPENSATION FOR SIMILAR POSITIONS IN THE MARKET AND COMPARES THE FINDINGS

TO THE CURRENT COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIALS AND IRS DETERMINATION LETTER POSTED ON WEB SITE. OTHER

INFORMATION AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NPV PLEDGED REVENUE1,743.CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS93,475.

TOTAL TO FORM 990, PART XI, LINE 9

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

18070624 795339 19237.000

43 2019.04000 CRAYONS TO CLASSROOMS 95,218.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization CRAYONS TO C	CLASSROOMS	Page 2 Employer identification number ** - * * * 4 5 7 4
FORM 990, PART XII LINE 20		
THE ORGANIZATION HAS NOT (CHANGED THE COMMITTEE THAT ASSU	MES
RESPONSIBILITY FOR OVERSIG	GHT OF THE AUDIT, REVIEW, AND C	OMPILATION OF
ITS FINANCIAL STATEMENTS A	AND SELECTION OF AN INDEPENDENT	ACCOUNTANT.
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70624 795339 19237.000	2019.04000 CRAYONS TO CLASSRO	COMS 19237_01