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

A For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

and ending

Open to Public

В	Check if applicable	C Name of organization		D Employer identific	cation number				
_	Addres								
F	change	Doing business as		27-10355	15				
F	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
F	return Final_,	3440 BELTLINE BOULEVARD	207	952-426-					
_	ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	G Gross receipts \$	1,613,750.				
Г	Amend								
F	return Applica tion	,		H(a) Is this a group return for subordinates? Yes X No					
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	—				
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3)	) or 527	1	list. (see instructions)				
		E: ► WWW.CRESCENTCOVE.ORG	7 01 02.1	H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: MN				
		Summary							
_	1 1	Briefly describe the organization's mission or most significant activities: CRE	SCENT C	OVE OFFERS (	CARE AND				
Governance		SUPPORT TO CHILDREN AND YOUNG ADULTS WIT							
rna	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	sets.				
Ne.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	9				
		Number of independent voting members of the governing body (Part VI, line 1b)		4	8				
80	5	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			43				
Vitie	6	otal number of volunteers (estimate if necessary)		6	262				
Activities &	7 a -	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 39	·····	7b	0.				
				Prior Year	Current Year				
<u>o</u>	8 (	Contributions and grants (Part VIII, line 1h)		1,369,367.	1,198,326.				
enc	9 1	Program service revenue (Part VIII, line 2g)		0.	20,162.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		19,729.	67,205.				
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,170.	61,192.				
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,439,266.	1,346,885.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		581,894. 0.	1,203,387.				
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	) F 2	0.	0.				
Q X	b 17	Total fundraising expenses (Part IX, column (D), line 25)		416,577.	429,276.				
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		998,471.	1,632,663.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		440,795.	-285,778.				
or		nevertue less experises. Subtract line 16 from line 12		ginning of Current Year	End of Year				
its o	20	otal assets (Part X, line 16)	De	5,439,276.	5,458,517.				
Assets (	21	Total liabilities (Part X, line 26)		1,689,585.	1,773,552.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,749,691.	3,684,965.				
	art II	Signature Block		- , - ,	, , , , , , , , , , , , , , , , , , , ,				
Unc	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedu	les and stateme	ents, and to the best of my	knowledge and belief, it is				
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.					
		<b>\</b>							
Sig	ın	Signature of officer		Date					
He	re	RAENELL DORN, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d þ	NEAL EVERT NEAL EVERT		4/24/20 self-employ	•				
	parer	· · · · · · · · · · · · · · · · · · ·	LTD.	Firm's EIN ▶	41-1534805				
Use	Only	Firm's address 7760 FRANCE AVE S, SUITE 940		, ,	EO) 021 022E				
_		BLOOMINGTON, MN 55435		Phone no. (9	52) 831-0085				
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
0330	101 01-20	20 I HA For Panerwork Reduction Act Notice see the senarate instruct	ione		⊢orm <b>33U</b> (2010)				

Form	n 990 (2019) CRESCENT COVE	27-1035515	Page 2
Pa	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
-	CRESCENT COVE OFFERS CARE AND SUPPORT TO CHILDREN AND YO	OUNG ADULTS	
	WITH A SHORTENED LIFE EXPECTANCY, AND THEIR FAMILIES WHO		
	WITH IT DIGHTENED BITE BITECTION THE THEFT THE THEFT HAS	3 2012 1112111	
_	Did the examination undertake any cignificant program consists during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes	<b>V</b> N-
	prior Form 990 or 990-EZ?	Yes [	_A_ No
	If "Yes," describe these new services on Schedule O.		37
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	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and	t
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 346, 363. including grants of \$) (Reve	enue \$ 24 , 5	<u>48.</u> )
	FAMILY SUPPORT		
	IN 2019, CRESCENT COVE INCREASED THE NUMBER OF FAMILIES	SUPPORTED FRO	M
	150 FAMILIES IN 2018 TO 190 IN 2019. FOLLOWING RECEIPT (		
	AND COMPLETING ENROLLMENT PAPERWORK, FAMILIES WHO HAVE (		
	LIFE-THREATENING CONDITIONS RECEIVE SUPPORT BY BRINGING		
	AND/OR FAMILY FOR A SHORT STAY AT CRESCENT COVE'S HOSPIC		
	·		
	HOME IN ORDER TO HAVE A NECESSARY BREAK FROM THE DEMAND		
	FOR THEIR CHILD OR AS A SACRED AND SUPPORTIVE PLACE TO I		ע
	IS DYING. CRESCENT COVE HAS REGISTERED NURSES AND CERTII		
	ASSISTANTS CARING FOR CHILDREN 24/7 WITH SUPPORT FROM A		
	MEDICAL DIRECTOR AND DIRECTOR OF NURSING AND OPERATIONS		
4b	(Code:) (Expenses \$) (Reve	enue \$	)
4c	(Code:) (Expenses \$	enue\$	)
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 1,346,363.	- 00	

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# Form 990 (2019) CRESCENT COVE 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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
_	Schedule D, Part III	8		
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		7.7	
	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,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>  ^</del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b> </b> ₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<del>                                     </del>
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2019) CRESCENT COVE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		$\vdash$
<b>2</b> 54	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	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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			
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
O_	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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Corrodule C correction a recoporate of flote to drift into it tills that V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number reported in Box 3 of Form 1030. Enter 40- in not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
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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	43		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	yor? <b>7a</b>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	' <b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? <b>7h</b>		
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?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₩
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			

Form **990** (2019)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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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					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9							
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app										
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto										
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х						
b											
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe								
	in Schedule O how this was done			120	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	X	1					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶MN										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (Section 501(c)(	3)s only	) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict o	of interest policy, a	nd finar	ncial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨								
	THE ORGANIZATION - 952-426-4711										
	3440 BELTLINE BOULEVARD, SUITE 207, ST. LOUIS PARK,	MN	55416								

Form 990 (2019) CRESCENT COVE 27-1035515 Page 7

# 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.

<b>(A)</b> Name and title	(B) Average	<b>(C)</b> Position						( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated	
Name and title	hours per	box	(do not check more than one box, unless person is both an				n an	compensation	compensation	amount of	
	week (list any	-	cer an	d a di	irecto	or/trus	tee)	from the	from related organizations	other compensation	
	hours for	or dire	ee			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	trustee	al trust		yee	mpens		(W-2/1099-MISC)		organization and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JAMES RICE	5.00		_	)	_	1 0					
CHAIR		Х		Х				0.	0.	0	
(2) ERIC CURRY	5.00										
DIRECTOR		Х						0.	0.	0	
(3) RAENELL DORN	5.00										
TREASURER		Х		Х				0.	0.	0	
(4) GEOFF KAUFMANN	5.00										
VICE CHAIR		Х		Х				0.	0.	0	
(5) BRIAN OSBERG	5.00										
DIRECTOR		Х						0.	0.	0	
(6) KATIE LINDENFELSER	32.00	1									
EXECUTIVE DIR.		Х		Х				57,380.	0.	0	
(7) DARREN BECKSTRAND	5.00										
DIRECTOR		Х						0.	0.	0	
(8) ALICIA BAME-ANDERSON	5.00										
SECRETARY		Х		Х				0.	0.	0	
(9) BILL HICKEY	5.00	1							_	_	
DIRECTOR		Х						0.	0.	0	
(10) JENNIFER THIENES	5.00	1						_			
DIRECTOR		Х						0.	0.	0	
932007 01-20-20		<u> </u>			<u> </u>			<u> </u>		Form <b>990</b> (201	

Form 990 (2019) CRESCENT COVE 27-1035515 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	(D) (E)  Reportable Reportable compensation compensatio from from related			(F) Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	pensa om the anizati d relate	e ion ed	
	Subtotal Total from continuation sheets to Part V							<b>&gt;</b>	57,380.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but in							o re	57,380.	000 of reportable	0.			0.
_	compensation from the organization	Tot militad to the											Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Sect 1	tion B. Independent Contractors  Complete this table for your five highest co	ompensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of comp	ensa	tion fro	om	
	the organization. Report compensation for (A)					ith c	or wi	thin	(B)			(0		
	Name and business	address	NC	ONI	<u> </u>				Description of s	services		ompe	nsatio	<u> </u>
2	Total number of independent contractors ( \$100,000 of compensation from the organ	•	ot lin	nited	d to	thos (	_	ted	above) who received me	ore than			990 <i>(</i> /	

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Form 990 (2019)
Part VIII

Ш	Statement	of Revenue
---	-----------	------------

	Check if Schedule O contains a response or note to any line in this Part VIII									
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514			
s s	1	a Federated campaigns 1a								
rant		b Membership dues 1b								
Ω. Ω		c Fundraising events 1c 2	285,205.							
ar /		d Related organizations 1d								
imil		e Government grants (contributions) 1e								
tion sr S		f All other contributions, gifts, grants, and								
ig #			13,121.							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f 1g \$	8,089.	1 100 206						
σā		h Total. Add lines 1a-1f	Business Code	1,198,326.						
	•	DDOGDAM GEDINAGE BEEG	900099	20,162.	20,162.					
vice	2		200022	20,102.	20,102.					
Ser		c								
am (		d								
Program Service Revenue		е								
P.		f All other program service revenue								
		g Total. Add lines 2a-2f		20,162.						
	3	Investment income (including dividends, interest		E4 262			<b>54</b> 262			
	_	other similar amounts)		71,369.			71,369.			
	4	Income from investment of tax-exempt bond pro	oceeds							
	5	Royalties(i) Real	(ii) Personal							
	6	a Overe vente	(ii) i cisoriai							
	Ü	b Less: rental expenses 6b								
		c Rental income or (loss) 6c								
		d Net rental income or (loss)								
	7	a Gross amount from sales of (i) Securities	(ii) Other							
		assets other than inventory 7a 188,938.								
		b Less: cost or other basis								
nue		and sales expenses 76 193,102.  c Gain or (loss) 7c -4,164.								
ther Revenue				-4,164.			-4,164.			
Ϋ́ Ω		d Net gain or (loss)	<b>P</b>	-4,104.			-4,104.			
O E	0	including \$ of								
		contributions reported on line 1c). See								
			30,569.							
		b Less: direct expenses 8b	73,763.							
		c Net income or (loss) from fundraising events	<b></b>	56,806.			56,806.			
	9	a Gross income from gaming activities. See								
		Part IV, line 19 9a								
		<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from gaming activities</li></ul>								
		a Gross sales of inventory, less returns								
		and allowances 10a								
		b Less: cost of goods sold 10b								
		c Net income or (loss) from sales of inventory								
s		<u>-</u>	Business Code							
eon	11		900099	4,386.	4,386.					
llan (en)		b								
Miscellaneous Revenue		d All other revenue								
Ξ		d All other revenuee Total. Add lines 11a-11d	_	4,386.						
	12	Total revenue. See instructions		1,346,885.	24,548.	0 -	124,011.			
				, , , , , , ,			5 000 (2242)			

932009 01-20-20

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 48,500. 2,744. 6,136. 57,380. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,037,821. 877,216. 49,625. 110,980. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 108,186. 90,869. 4,457. 12,860. 10 Payroll taxes Fees for services (nonemployees): 87,951. 46,966. 33,622 7,363. Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 21,686. 6,062. 7,378. 8,246. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 50,866. 50,866. 16 Occupancy 843. 843. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,316. 3,712. 261. 343. Conferences, conventions, and meetings 19 50,837. 50,837. 20 Payments to affiliates 21 49,852. 48,548. 1,304. Depreciation, depletion, and amortization 22 55,802. 47,904. 5,906. 1,992. 23 Other expenses. Itemize expenses not covered 24 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 O.) 34,396. 33,901. 214. 281. SUPPLIES WEBSITE AND INTERNET 25,133. 16,308. 890. 7,935. 19,182. 19,182. FAMILY SUPPORT EXPENSES 14,681. 986. 15,667. BANK AND CREDIT CARD FE 12,745.5.492. 2,166. 5,087. All other expenses 1,632,663. 1,346,363. 123,248. 163,052. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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CRESCENT COVE

# Form 990 (2019) Part X Balance Sheet

ı aı	t X	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		650,075.	1	636,081	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		176,550.	3	139,560	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ပ္သ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			22,919.	9	24,411
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,949,521.			
	b	Less: accumulated depreciation		80,307.	1,898,688.	10c	1,869,214 2,711,844
	11	Investments - publicly traded securities	2,635,302.	11	2,711,844		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	40.460	13	10.05		
	14	Intangible assets		12,169.	14	10,865	
	15	Other assets. See Part IV, line 11	43,573.	15	66,542		
_	16	Total assets. Add lines 1 through 15 (must equa			5,439,276.	16	5,458,517
	17	Accounts payable and accrued expenses	61,525.	17	117,402		
	18	Grants payable	00.060	18	116 150		
	19	Deferred revenue			88,060.	19	116,150
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			1 540 000	22	1 5/0 000
_	23	Secured mortgages and notes payable to unrela			1,540,000.	23	1,540,000
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X		25	
	00	of Schedule D		·····	1,689,585.		1,773,552
$\dashv$	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che	alr bau	Y	1,009,303.	26	1,775,552
ဖွ		and complete lines 27, 28, 32, and 33.	ck nere				
ğ	27				3,627,510.	27	3,634,097
<u>a</u>	28	Net assets with donor restrictions  Net assets with donor restrictions	122,181.	28	50,868		
<u> </u>	20	Organizations that do not follow FASB ASC 9	122,101.	20	30,000		
ᇤᅵ		and complete lines 29 through 33.	Jo, Cile	CK Here			
<u></u>	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or ed			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
* 1	32	Total net assets or fund balances		3,749,691.	32	3,684,965	
च ।							

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		·····					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,340					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,632 -28!					
3								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3							
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,684	4,9	65.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X 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	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	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit						
			0.5		I			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number CRESCENT COVE 27-1035515

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions.					
he	organi	zation is not a private found										
1	Ŏ.	A church, convention of chu					)(A)(i).					
2	一	A school described in <b>secti</b>	•				- N N-7-					
3	Ħ	A hospital or a cooperative		•			i)					
4	H	A medical research organiza	· ·					the hospital's name				
•		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	III SCCIIO	ii ii o(b)( i)(A)(iii). Ei itoi	the noopital o name,				
_			or the benefit of a col	logo or university ewned	or operat	od by a go	vornmental unit describe	nd in				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	or				
		university:										
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or				
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in				
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	-		ion with its	s supporte	d organization(s), by hav	ving				
		control or management of	•					•				
		organization(s). You mus					3					
С		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connect	tion with, a	and functionally integrate	ed with.				
		its supported organization						,				
d		Type III non-functionally		·				zation(s)				
		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *				
		requirement (see instructi	-	* .	-		='					
е		Check this box if the orga	· ·	-								
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
f	Ente	r the number of supported o	• .	,9	9 9							
а		ide the following information		d organization(s).								
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				,								
ota	ı							1				

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	333,791.	1717945.	1789989.	1369367.	913,121.	6124213.
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	333,791.	1717945.	1789989.	1369367.	913,121.	6124213.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1364856.
	Public support. Subtract line 5 from line 4.						4759357.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	333,791.	1717945.	1789989.	1369367.	913,121.	6124213.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,134.	1,572.	2,902.	19,729.	71,369.	96,706.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	17,495.					17,495.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						6238414.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi						
14	Public support percentage for 2019 (li					14	76.29 %
15	Public support percentage from 2018					15	74.47 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	· ·				•	
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

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

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

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 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						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 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						
t	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.)				<u> </u>	- 504(-)(0)	
14	First five years. If the Form 990 is for	•			•		
500	check this box and stop here ction C. Computation of Publi	ic Support Par					<u> </u>
	•			actions (f)		45	0/
	Public support percentage for 2019 (I					15	<u>%</u>
16 Se	Public support percentage from 2018 ction D. Computation of Inves					16	<u>%</u>
	-			20.13 column (f)		17	20
	Investment income percentage for 20 Investment income percentage from					18	<u>%</u> %
18 19:	33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						<b>.</b> —
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	▶∟

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
- 1	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
ŀ	3c		
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ı	ти		
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H	4c		
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- 1	5b		
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Ī			
	10a		
	10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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	ction B. Type I Supporting Organizations		1 1	
			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,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
Sec	non C. Type if Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N1 -
	Want a majority of the approximation to discontinuous design the day, one also a majority of the discontinuous		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
000	alon b. All Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 3).		
а		•		
b				
С		structions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions 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 <b>Part VI</b> ):			
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	ally integrated	d Type III supporting orga	anization (see
	instructions).	, ,		,

Schedule A (Form 990 or 990-EZ) 2019

ı uı	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	 S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	, , ,		Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	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 <b>Part VI.</b> 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CRESCENT COVE

**Employer identification number** 27-1035515

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	lote to the organization's infancial statement	is that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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

Pai	rt III	Organizations Maintaining C	ollections of Ar	t, Historica	I Tre	asures, or	Othe	r Siı	milar A	ssets	(contir	nued)	
3	Usin	g the organization's acquisition, accession	on, and other record	s, check any o	f the f	ollowing that	make s	ignifi	cant use	of its	,		
	colle	ection items (check all that apply):											
а		Public exhibition	d	I Loan o	or exc	hange progra	ım						
b		Scholarly research	е										
С		Preservation for future generations											
4	Prov	ride a description of the organization's co	ollections and explain	n how they furt	her th	e organizatio	n's exer	mpt p	urpose	in Part	XIII.		
5	Durii	ng the year, did the organization solicit o	r receive donations o	of art, historica	l treas	sures, or othe	r similar	asse	ets				
	to be	e sold to raise funds rather than to be ma	aintained as part of the	ne organizatio	ı's co	llection?					Yes		No
Pai	rt IV	Escrow and Custodial Arrang	gements. Comple	ete if the orgar	izatio	n answered "	Yes" on	Forr	n 990, P	art IV,	line 9, or		
		reported an amount on Form 990, Par											
1a	ls th	e organization an agent, trustee, custodi	an or other intermed	iary for contrib	utions	s or other ass	ets not	inclu	ded				
	on F	orm 990, Part X?								$\square$	Yes		No
b		es," explain the arrangement in Part XIII											
			•	· ·				Γ			Amoun	t	
С	Begi	nning balance						Γ	1c				
d		itions during the year							1d				
е		ributions during the year							1e				
f		ng balance							1f				
2a		the organization include an amount on Fo							•		Yes		No
		es," explain the arrangement in Part XIII.						-			_		j
	rt V	Endowment Funds. Complete i											_
		•	(a) Current year	(b) Prior ye		(c) Two year	T		hree vear	s back	(e) Four	vears	back
1a	Beai	nning of year balance	10,100.		000.			` '					
b		tributions	15,000.	5,	100.	5	,000.						
С		investment earnings, gains, and losses	·										
d		nts or scholarships											
е.		er expenditures for facilities											
_		programs											
f		ninistrative expenses											
g g		of year balance	25,100.	10.	100.	5	,000.						
2		ride the estimated percentage of the curr	•				, -				l		
a		rd designated or quasi-endowment	•	% %	ι ι ι (α)	y riola ao.							
b		nanent endowment	%										
c													
·		percentages on lines 2a, 2b, and 2c sho	* -										
За		there endowment funds not in the posses	•	ition that are h	eld an	nd administer	ed for th	ne ord	nanizatio	n			
ou	by:	and ondowners rands not in the posses	oolon of the organize	alon that are n	cia ai	ia dariii iiotori	ou for th	10 01	garnzano		ſ	Yes	No
		Unrelated organizations									3a(i)	X	
		Related organizations									3a(ii)		х
h		es" on line 3a(ii), are the related organiza									3b		<del></del>
4		cribe in Part XIII the intended uses of the			C III:						CD		
	rt VI	Land, Buildings, and Equipm		WITICITE TUTIGS.									
		Complete if the organization answered		Part IV line	l1a S	ee Form 990	Part X	line	10				
		Description of property	(a) Cost or o	ther (b)	Cost	or other (other)	(c) A	ccur	nulated ation		(d) Boo	k valu	e
			222		Jasis	(Other)	ue	prec	aliUII		20	0 0	00
		t	···					77	E 4 0			0,00	
b		dings						7.5	5,548	•	1,43		
С.		sehold improvements		836. 323.					759	<del>.   -</del>	<b>3</b>	7,83 1,50	50.
d		pment		343.					, 159	•	٥.	1,5	04.
		er								_	1 06	0 2	1 /
rota	ı. Add	l lines 1a through 1e. <i>(Column (d) must</i> e	<u>qual Form 990, Part</u>	X. column (B).	line 10	0c.)			<u></u>	<u> </u>	1,86	J, ∠.	<u> 14.</u>

Schedule D (Form 990) 2019

		11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
Financial derivatives		
Closely held equity interests		
Other		
A)		
B)		
C)		
D)		
E)		
F)		
G)		
(H)		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
rt VIII Investments - Program Related.		
Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
2)		
3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	ı
(a) D	escription	(b) Book val
	escription	(b) Book val
(1)	escription	(b) Book val
(1) (2)	еѕсприон	(b) Book val
(1) (2) (3)	езсприон	(b) Book val
(1) (2) (3) (4)	езсприон	(b) Book val
(1) (2) (3) (4) (5)	езсприон	(b) Book val
(1) (2) (3) (4) (5) (6)	езитрион	(b) Book val
(1) (2) (3) (4) (5) (6) (7)	езитрион	(b) Book val
(1) (2) (3) (4) (5) (6) (7)	езитрион	(b) Book val
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 1		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 1	(5,)	<b>&gt;</b>
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.	(5,)	<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability	(5,)	11e or 11f. See Form 990, Part X, line 25.
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line 3 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes (2)	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line of art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes (2) (3) (4)	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line of art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line 3 (art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(5,)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(5,)	11e or 11f. See Form 990, Part X, line 25.

Schedule D (Form 990) 2019

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

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Add lines 2a through 2d

Other (Describe in Part XIII.)

Part XIII Supplemental Information.

c Add lines 4a and 4b

PART V, LINE 4:

OPERATING COSTS.

c Add lines 4a and 4b

Add lines 2a through 2d

1

2

1

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Subtract line 2e from line 1

2c

2a

2b 2c

4a

Total revenue, gains, and other support per audited financial statements

a Net unrealized gains (losses) on investments

a Investment expenses not included on Form 990, Part VIII, line 7b

a Donated services and use of facilities

**b** Prior year adjustments

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Other losses d Other (Describe in Part XIII.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Subtract line 2e from line 1

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)

Donated services and use of facilities Recoveries of prior year grants

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Schedule D (Form 990) 2019

932054 10-02-19

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the	organizatio	n

Employer identification number

CRESCEN	T COVE				27-1035	515								
	Complete if the organization answe	ered "Y	es" or	ı Form 990, Part IV, I										
<ul> <li>1 Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments.</li> </ul>	sed funds through any of the followin  e X Solicitat  f Solicitat  g X Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		or control of		have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No											
<sup>-</sup> otal			<b>•</b>											
3 List all states in which the organization or licensing.					it is exempt from re	gistration								
						_								

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 415,774. 415,774. Gross receipts 285,205. 285,205. 2 Less: Contributions 130,569. 130,569. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 73,763. 73,763 Other direct expenses 73,763 **10** Direct expense summary. Add lines 4 through 9 in column (d) 56,806. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 CRESCENT COVE	27-1035515 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar of gaming revenue retained by the third party ▶ \$	nd the amount
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$	•
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990 or 990-EZ)	CRESCENT COVE		27-1035515	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)			
		(501101101010)			
-					
-					

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

CRESCENT COVE

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

Employer identification number 27-1035515

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts report		(d)  Method of de noncash contribu	etermin		
		арріісаріе		Form 990, Part VI		TIONCASH CONTINUE	ilion ai	Hourts	<u> </u>
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								
•	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	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
 22	Historical artifacts								
 23	Scientific specimens								
	Archeological artifacts								
 25	Other (SUPPLIES)	X	12	72	,066.	FMV			
26	Other (PROFESSIONAL)	X	7	45	,740.	FMV			
 27	Other (RENT)	X	1		,040.				
 28	Other (		<del>_</del> _		,				
<u> </u>	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions					
	for which the organization completed Form 828				29				
		,, -		,				Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. line	s 1 throug	ıh 28. that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard	d contribut	tions?	31		Х
	Does the organization hire or use third parties of								
	contributions?	`					32a		Х
b	If "Yes," describe in Part II.								
	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is ched	cked.			
-	describe in Part II.	(5) .01			, .,	· · · · · · · · · · · · · · · · · · ·			
_HA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990	).		Schedule N	/I (Forn	n 990)	2019

932142 09-27-19

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

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

DESCRIPTION OF ORGANIZATION MISSION:

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

CRESCENT COVE

EXPECTANCY, AND THEIR FAMILIES WHO LOVE THEM.

LINE 1,

I,

Employer identification number 27-1035515

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR, SUPPORT SERVICES WERE OFFERED AND PROVIDED TO FAMILIES,

INCLUDING MUSIC THERAPY, MASSAGE THERAPY, COUNSELING AND SPIRITUAL CARE

TO REDUCE STRESS, ANXIETY AND PAIN. SEVERAL CRESCENT COVE PARENTS SPOKE

AT EVENTS THROUGHOUT 2019 TO SHARE THE MISSION AND TO GAIN SUPPORT AS

CRESCENT COVE IS ONLY THE THIRD CHILDREN'S HOSPICE HOME IN OUR COUNTRY

AND JUST OPEN FULLY FOR A YEAR AND A HALF IN 2019. ADDITIONALLY,

BEREAVED FAMILIES WHO HAVE LOST A CHILD TO A LIFE-THREATENING CONDITION

WERE INVOLVED THROUGHOUT 2019 BY VOLUNTEERING AND SPEAKING AT EVENTS TO

SHARE THE MISSION, AND CRESCENT COVE HELD ITS FIRST MEMORIAL GATHERING

TO REMEMBER THE CHILDREN SUPPORTED BY CRESCENT COVE WHO DIED.

#### ADVOCACY & EDUCATION

A LARGE PART OF CRESCENT COVE'S EFFORT TOWARDS ACHIEVING OUR MISSION IS

TO RAISE AWARENESS ABOUT THE NEED FOR ADDITIONAL SUPPORT FOR CHILDREN

AND YOUNG ADULTS WITH A SHORTENED LIFE EXPECTANCY AND THEIR FAMILIES AS

WELL AS THE SUPPORT PROVIDED AT A RESIDENTIAL CHILDREN'S HOSPICE AND

RESPITE CARE HOME IN MINNESOTA. CRESCENT COVE HOSTS AN ANNUAL PEDIATRIC

PALLIATIVE CARE SYMPOSIUM THAT WAS IN CONJUNCTION WITH THE AMERICAN

MUSIC THERAPY ASSOCIATION'S NATIONAL CONFERENCE IN MINNEAPOLIS, MN.

SPEAKERS INCLUDE FAMILIES, CLINICIANS, COMMUNITY AND RELIGIOUS LEADERS.

CRESCENT COVE HAS A SPEAKERS BUREAU WITH STAFF AND VOLUNTEERS ENGAGED

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

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** Name of the organization CRESCENT COVE 27-1035515 IN SHARING OUR MISSION WITH COMMUNITY GROUPS SUCH AS NAIOP, ROTARY CLUBS, LIONS CLUBS, OPTIMISTS CLUBS, ETC. IN 2019, OUR ADVOCACY EFFORTS INVOLVED WORKING FURHTER WITH STAFF AT THE DEPT. OF HUMAN SERVICES TO BECOME AN APPROVED HOME AND COMMUNITY BASED PROVIDER WITH THE ABILITY TO ACCESS WAIVERED FUNDS FOR RESPITE STAYS AT CRESCENT COVE. THIS IS A CRITICAL STEP TOWARDS BUILDING A SUSTAINABLE MODEL TO SERVE CHILDREN AND FAMILIES INTO THE FUTURE. CRESCENT COVE ALSO WORKED WITH BILLING AGENCY, AOREVA TO BECOME CREDENTIALED WITH A NUMBER OF PRIVATE INSURANCE PROVIDERS IN ANTICIPATION OF ACCESSING FUNDS FROM PRIVATE INSURANCE PROVIDERS IN THE FUTURE. ADDITIONALLY, THIS STRATEGIC INITIATIVE OF OUR MISSION INVOLVES CRESCENT COVE HAVING A BOOTH AT A NUMBER OF DIFFERENT CLINICAL CONFERENCES SUCH AS THE MN NETWORK OF HOSPICE AND PALLIATIVE CARE, THE SCHOOL NURSE'S CONFERENCE AS WELL AS LOCAL EVENTS SUPPORTING FAMILIES CARING FOR CHILDREN WITH VARIOUS LIFE-THREATENING CONDITIONS. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION - THE FULL BOARD WILL REVIEW A DRAFT OF THE 990 AND APPROVE IT AT A BOARD MEETING PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REGULARLY MONITORS CONFLICT OF INTEREST ISSUES AT ITS MEETINGS FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION STUDIES ARE REVIEWED REGULARLY BY THE BOARD OF DIRECTORS AND USED AS A GUIDE FOR DETERMINING APPROPRIATE COMPENSATION.

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

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization	Page 2
CRESCENT COVE	Employer identification number 27-1035515
DOCUMENTS ARE AVAILABLE UPON REQUEST	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

CRESCENT COVE

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-1035515

Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-year	ear assets Direct		<b>(f)</b> Direct controlling entity	
CRESCENT COVE LLC 3440 BELT LINE BLVD, #207 ST. LOUIS PARK, MN 55416	HOLDING COMPANY FOR LAND, BUILDING AND RELATED DEBT	MINNESOTA			C	CRESCENT COV	7E	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization a	answered "Yes" on Form 990,	Part IV, line 34, b	pecause it had one	or more r	elated tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling entity		i 12(b)(13) olled ity?
				501(c)(3))			Yes	No
For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.			L		Schedule R	Form 99	0) 2019

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related organizations				11	
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)			1n	
Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)	<u></u>			1s	
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered relati	onships and transaction thresholds.		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	ıvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				D /F 1	00) 0040
332163 09-10-19	12		Schedule	R (Form 9	90) 2019

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040