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

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

A For the 2	1018 calendar year, or tax year beginning	and	ending			
B Check If applicable:	C Name of organization			DE	imployer identi	fication number
Address	Emergency Assistance Foundation, Inc.			4	45.40	12056
Name change	Doing business as				45-18	
Initial return	Number and street (or P.O. box if mail is not delivered to street at	ldress)	Room/suit	te € T	elephone numb	
Final return/	700 S Dixie Highway			_	 	03-4369
termin- ated	City or town, state or province, country, and ZIP or foreign p	ostal code		G G	ross receipts \$	26,754,605
Amended	Heat Falm Beach, Fil 33401			H(a)	Is this a group	
Applica- tion pending	F Name and address of principal officer:Douglas Stockham		4		for subordinate	s? Yes 🗷 No
	same as C above		<u> </u>		Are all subordinates	
	pot status: 🗷 501(c)(3)	4947(a)(1)	or LLLL 5	_	-	a list. (see instructions)
	http://emergencyassistancefdn.org		- 07		Group exempti	
	ganization: X Corporation Trust Association	Other >	LYe	ar of forn	nation; 2011	M State of legal domicile: FL
Part: S			<u>`</u>			· · · · · · · · · · · · · · · · · · ·
9 1 Br	tefly describe the organization's mission or most significant acti		e emplo	yer-sp	onsored	
<u>Pe</u>	ersonal and disaster relief funds for employees				<u></u>	
E 2 C	neck this box $lacktriangle$ if the organization discontinued its oper	ations or dispo	sed of mo	ore than		
4Th 1	umber of voting members of the governing body (Part VI, line 1a)				<u> 3</u>	
4 Nu	umber of independent voting members of the governing body (P	Part VI, line 1b)				
	otal number of individuals employed in calendar year 2018 (Part	V, line 2a)				
4 " "	otal number of volunteers (estimate if necessary)			•••••	<u>6</u>	
호 7a To	otal unrelated business revenue from Part VIII, column (C), lin <mark>s 1</mark>	RECE	31.7EF		<u>76</u>	
b Ne	st unrelated business taxable income from Form 990-T, line 38		J.Y.C.L		7t	
	ontributions and grants (Part VIII, line 1h)	1	L	<u> </u>	rior Year	Current Year
9 8 Cd	ontributions and grants (Part VIII, line 1h)	OCT 2	22019_	8	22,423,462	
9 1	• • • • • • • • • • • • • • • • • • • •			၂၇	0	
<u>≩</u> 10 lm	vestment income (Part VIII, column (A), lines 3, 4, and 7d) 🎎	AAAT	· · · · · · · ·	ᅰ	278	
" 11 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	プロリア	<u>N. U</u>		0	<u> </u>
12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, colum	n (A), line 12)			22,423,740	
13 Gr	rants and similar amounts paid (Part IX, column (A), ilnes 1-3) $$		L		14,107,950	
14 Be	enefits paid to or for members (Part IX, column (A), line 4)		L		. 0	`
W 1	alaries, other compensation, employee benefits (Part IX, column		0			
2 16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)			· · · · ·	0	<u> </u>
В В То	otal fundraising expenses (Part IX, column (D), line 25)	_	<u> </u>	· ,		
- 17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				727,557	
18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), li	ne 25)			14,835,507	
	evenue less expenses. Subtract line 18 from line 12				7,588,233	5,826,610
20 To			Ľ	Beginnin	g of Current Year	
麗 20 To	rtal assets (Part X, line 16)				9,819,930	
KE	otal liabilities (Part X, line 26)				1,386,722	
	et assets or fund balances. Subtract line 21 from line 20				8,433,208	. 14,291,320
	Signature Block				-44-44-4-4-	- I would be and helled it in
	es of perjury, I declare that I have examined this return, including accomp					my knowledge and deliet, it is
rue, correct, a	and complete. Declaration of preparer (other than officer) is based on all	M to nonsimilating	nich prepai	rer nas a	ny knowledge.	12/12/10
	Signature of officer				Date 7	20/2017
Ngn 7						•
iere	Douglas Stockham, President Type or print name and title					·
- 7	· · · · · · · · · · · · · · · · · · ·			Date	12-	I II PTIN
	rint/Type preparer's name Preparer's signa		\sim		2019 Check	
		f. Bation)-)-		I sent-milyn	pyed P00721951 36-3990892
	irm's name Capin Crouse LLP			-	Firm's EIN	30-3330034
Jae Only [Fi	irm's address 1255 Lakes Parkway, Suite 130				Dhora 67	8-518-5301
	Lawrenceville, GA 30043	-41				
ay the iHS	discuss this return with the preparer shown above? (see instru					Yes No

	990 (2018) Emergency Assistance Foundation, Inc.	45-1813056	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check If Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
-	The Emergency Assistance Foundation's mission is to design and operate		
	multiple employer-sponsored disaster relief and employee hardship		7.7.7.1
	funds to help fellow employees in times of crisis.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-			Yes X No
	prior Form 990 or 990-EZ?		LITES LAINO
_	If "Yes," describe these new services on Schedule O.		——————————————————————————————————————
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	;?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total ex	cpenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 12,061,149. Including grants of \$ 11,329,685.) (Rev	enue \$	0.)
	Emergency Assistance Foundation's primary purpose is to develop		
	employer-sponsored disaster and hardship funds. These funds are	<u></u>	
	available to employees who experience financial hardship due to events.		
	that negatively affect their lives. Our program succeeded in developing		· · · · · · · · ·
	a comprehensive online grant application system that reduces the time		
	needed to review employee grant applications in order to process grant		
	disbursements in a timely manner. Through our program, we are	 	
	increasing the number of employer sponsored funds within the program		
	which greatly increased the number of individuals and families who		
			
	received financial assistance.	· ·	
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	<u> </u>
4b	(Code:) (Expenses \$ Including grants of \$) (Reivi	enue \$)
	• • •		
	Paras sell		,
			
			
			
			
4c	(Code:) (Expenses \$) (Rev	enue \$)
			·
			· -
		•	:
	······································		
			
	Other was grown and the Albertale Orbertale Or		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)
<u>. 4e</u>	Total program service expenses 12,061,149.		

Form	990 (2018) Emergency Assistance Foundation, Inc.	45-1813056	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		
1	Briefly describe the organization's mission:		
•	The Emergency Assistance Foundation's mission is to design and operate		
	multiple employer-sponsored disaster relief and employee hardship	· · · · · · · · · · · · · · · · · · ·	
	funds to help fellow employees in times of crisis.		
	runds to help retrow employees in times or crisis.		
			
2	Did the organization undertake any significant program services during the year which were not listed on the	_	7 -
	prior Form 990 or 990-EZ?	∟	Yes 🗵 No
	If "Yes," describe these new services on Schedule O.		- r
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exp	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expe	nses, and
	revenue, if any, for each program service reported.		
40	(Code:) (Expenses \$ 12,061,149. including grants of \$ 11,329,685.) (Revent	uo S	0.)
	Emergency Assistance Foundation's primary purpose is to develop		· · · · · · · · · · · · · · · · · · ·
	employer-sponsored disaster and hardship funds. These funds are		
	available to employees who experience financial hardship due to events		
	that negatively affect their lives. Our program succeeded in developing		
	a comprehensive online grant application system that reduces the time		
	needed to review employee grant applications in order to process grant		
	disbursements in a timely manner. Through our program, we are	·	
	increasing the number of employer sponsored funds within the program		
	which greatly increased the number of individuals and families who		
	received financial assistance.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	ue \$)
			-
	,		
			
			
		 	·
		·	
	· · · · · · · · · · · · · · · · · · ·		
	<u></u>		
		·	
4c	(Code:) (Expenses \$) (Reven.	#\$)
		· · ·	
			-
			
		<u> </u>	
		-	
		 	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 12,061,149.		
		F	orm 990 (2018)

Form 990 (2018) Emergency Assistance Foundation, Inc.

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	I	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		
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	4		×
_	during the tax year? If "Yes," complete Schedule C, Part II la the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 	 	H
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
8	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 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	116	-	
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's ilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		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	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV			x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	L
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		×
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
. p	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	l		
	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 (2018) Emergency Assistance Foundation, Inc. Part IV Checklist of Required Schedules (continued)

			Y06	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	\vdash	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	لــــا	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		;. :	<u>भूत</u>
	instructions for applicable filing thresholds, conditions, and exceptions):	ليون	2	
8	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	<u> </u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		_	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Pert V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\vdash \vdash$	×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	├─┤	
36	Miller Brown and All Control of the	36		x
37	If "Yes," complete Schedule H, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	—	\vdash	
	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 197	<u> </u>	\Box	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	tiv: Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			旦
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1.79		*
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1:		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	_220	X	. 34
	(gambling) winnings to prize winners?	1c Form	990	2010
20ZUU	↓ 12-31-18	rum		(10 ا ب

Form 990 (2018) Emergency Assistance Foundation, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•	,	· **	إندر
	filed for the calendar year ending with or within the year covered by this return	28				, W
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ms?		2b		L.,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		ك : ا	المسا	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	o		3b		<u>. </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a	1	ŀ	ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	.nt)?	48		X
b	If "Yes," enter the name of the foreign country:					2.
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial A	ccon	nts (FBAR).	: ` : ·	A	[: \d2
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5e		I
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ıction	?	5b		X
C	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 to	ne org	panization solicit			
				<u>6e</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions (or gifts] .		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			۲.	و جو ا	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	78		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as re	quired			
	to file Form 8282?			7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d			. 1.	
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontre	ct?	7 0		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	etion	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by ti	10		1.11	. 2
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				7	
8	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:				* -1;	
8	Initiation fees and capital contributions included on Part VIII, line 12	10a		140		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L	. 30.00) 海
11	Section 501(c)(12) organizations. Enter:			∵ ,	1 1, 2	1. 1.
8	Gross income from members or shareholders	118	ļ			. 4
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	ŀ	1		*	14.5
	amounts due or received from them.)	11b	<u></u>	 		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12=	74	1.941
b		<u>12b</u>	<u> </u>	7		<i>i</i>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			. A . A . E		
8	Is the organization licensed to issue qualified health plans in more than one state?			13a		3 3
	Note. See the Instructions for additional Information the organization must report on Schedule O.			16.		. 4
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ı			
	organization is licensed to issue qualified health plans	13b	<u> </u>		٠. :	
	Enter the amount of reserves on hand	13c	l			
				14a		<u>×</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune]		l _
	excess parachute payment(s) during the year?			15	• -= .	X #5.
	If "Yes," see Instructions and file Form 4720, Schedule N.		_		*****.	2.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	orne?	16		X
	If "Yes," complete Form 4720, Schedule O.			نننا	000	(2018)
						1/11/18

Form 990 (2018) Emergency Assistance Foundation, Inc. 45-1813056 Page Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

,

	Check if Schedule O contains a response or note to any line in this Part VI					<u>LEL</u>
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	18		5		
	If there are material differences in voting rights among members of the governing body, or if the governing] : <u>:</u>	3 . 7.	20
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1.	7	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	5		à
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	يد ا		
	officer, director, trustee, or key employee?			2		I
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		×
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	many manyham of the governing hade?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			·		
•	persons other than the governing body?		oldoro, or	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	or hu th	e following:		1.62	
8				8a	iii.	- A
8	The governing body? Each committee with authority to act on behalf of the governing body?			8b	-	×
D				100	├	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be res	iched (ar me			x
-			- Oodo \	9	<u> </u>	
360	tion B. Policies (This Section B requests information about policies not required by the Internal R	OVOTICA	COUE.		W	N-
40-	Plat the average that have been about home about a self-through			100	Yes	No
	Did the organization have local chapters, branches, or affiliates?	•••		10a	 	-
D	If "Yes," did the organization have written policies and procedures governing the activities of such ci	-				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	┝╼┤	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	118	X Dian	\$ 572.
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 44-	2	12
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		***************************************	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es, " d	escribe .	ł	l _	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		••••••	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent		1.35	1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1:43		
	The organization's CEO, Executive Director, or top management official			15e		X
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).			کِنز ۔	3.71	- 6
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a	12.		
	taxable entity during the year?		•••••	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	oarticipation	3		Á
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	ព'ន	7.7		
	exempt status with respect to such arrangements?			16b		
30 C	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AR, CA, CO, CT, D	C,FL,	GA, IL, KS, KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar			3)s only	avalla	ıble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (explain	in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records 🕨			
	Douglas Stockham - 888-303-4369		·			
	700 S Dixie Highway, West Palm Beach, FL 33401					

Form 990 (2018)	Emergency Assistance Foundation, Inc.	45-1813056 Pa	ige 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees, Hi	ghest Compensated	
	ees, and Independent Contractors chedule O contains a response or note to any line in this Part VII	1	
	Directors, Trustees, Key Employees, and Highest Compensated Employe	08	

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

(1) Jose Valencia Board Chairman (2) Brendon Perkins	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	1	Kay employee	репетро		the organization	organizations (W-2/1099-MISC)	compensation from the
Board Chairman (2) Brendon Perkins	0.00			OMbar	5	Highest compons employee	Former	(W-2/1099-MISC)		organization and related organizations
(2) Brendon Perkins				•						
• • • • • • • • • • • • • • • • • • • •	1.00	x		x	L.			0.	0.	(
						П				
Director	0.00	x]		}			0.	0.	
(3) Jennifer Brunelle	1.00					П				
Director	0.00	x						o.	0.	
(4) Stewart Dansby	1.00					П			· · · · · · · · · · · · · · · · · · ·	
Director	0.00	x						0.	0.	
(5) Christopher W. Storkerson	1.00					П				
Director	0.00	x						0.	0.	
(6) Douglas Stockham	40.00									
President	0.00			x			:	260,000.	0.	(
(7) Cynthia Jarboe	30.00									
Consulting CFO	0.00			x				20,700.	0.	(
						Ш				
						Ц			·	
	<u> </u>									1

ł,

	(A) Name and title	(B) Average hours per week	erage Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		(list any hours for related organizatione below line)	Individual trustee or director	Inethitional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	•	com fr org	pension the anizated relation	ation e tion ted
			•											
													-	
														_
	· · · · · · · · · · · · · · · · ·										\exists			
				-		<u> </u>							•	
			Γ											
														_
	Sub-total							—	280,700.		0.			0
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	II, Section A						>	280,700.		0.			0
	Total number of individuals (including but no compensation from the organization								eceived more than \$100	,000 of reportable				
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											년 3	Yes L. j	No
4	For any Individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	qmc	ense	ation	anc	ot	her compensation from	the organization		4		
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	lon 1	rom	any	unr						ĒĽ.	ŽŽ
Sec	tion B. Independent Contractors										<u></u>			
1	Complete this table for your five highest co the organization, Report compensation for	•	•								ens	ation f	rom	
	(A) Name and business								(B) Description of s			(С отре		n
	nie Watson, 1725 S. Bascom Avenue 456, Campbell, CA 95008	9,		-					Ops Management Con	sulting			120	136
		• • • • • • • • • • • • • • • • • • • •											. !	
									· · · · · · · · · · · · · · · · · · ·					_
	·· ···							7	····				-	~

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Form 990 (2018) Emergency Assistance Foundation, Inc.

Part VIII. Statement of Revenue

	V	Check if Schedule O cont	ains a response	or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
基 套	1 8	Federated campaigns	1a		7	1800 A. 18	2 8 18 18 18 18 18 18 18 18 18 18 18 18 1	10.72
25	Ŀ	Membership dues					3.03%	
35	١	Fundraising events						1
\$ }		d Related organizations		······································	· · · · · · · · · · · · · · · · · · ·			
JE S	`	Government grants (contribut	·····			To Water a State of		
5	,	All other contributions, gifts, gran	·				16 St. 4. 19 St.	
뒱	•	similar amounts not included abo		18,686,021				
ĒΣ		Noncesh contributions included in lines			18 A			
Contribu		Total. Add lines 1a-1f			18,686,021.		1.00	
		1 1044.740 11103 14 11		Business Code	200100 4 504.1	18.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 8 3 P 2 2 8 8
	٠.	_		Duelliese Cook	.525	المنظلان سمعة الكافلانسا		/9 شد ∴منتمد
ķ							···	
95	<u></u>					 	<u> </u>	
Menus Menus					 			
	9							
Progra	•				 		ļ	
_	1	All other program service reve				1984 1785 2	The state of the s	1 * - 12 * 12 * 12 * 12 * 12 * 12
		Total. Add lines 2a-2f		<u>.</u>		- 子野米 <u>- うない</u> と		14 TO 14 TO 14 TO 15 TO
	3	Investment income (including		_	23.067			22.067
	_	other similar amounts)			23,067.	<u> </u>		23,067.
	4	income from investment of tax	•	=			ļ. ————	
	5	Royalties			ANY CONTRACTOR OF	7.1.	3.5 337	5 11 3 9 2 C AND
			(i) Real	(ii) Personal				
	6 a	Gross rents			一个			
		Less: rental expenses		ļ- <u></u> -			198	
		Rental income or (loss)		<u>.l</u>				PALA A
	d	I Net rental income or (loss)		<u> </u>		L		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,025,000	•	* * * * * * * * * * * * * * * * * * *	- S		
	ь	Less: cost or other basis						N
		and sales expenses	8,025,000				医乳头霉素	
	C	Gain or (loss)		·L		N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		LLAX DUM
	d	i Net gain or (loss)		· <u>·····</u>	0.			
9	8 8	 Gross income from fundraising 	g events (not	,	强			
\$		including \$	of	ŀ				
١		contributions reported on line	. 57. 555	1				- A
Other R		Part IV, line 18		· <u> </u>		12.53	N. 18	33
튄	b	Less: direct expenses	b	L				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
_		: Net income or (loss) from fund	•	>		4		<u></u>
1	9 .	Gross income from gaming ac		1	一个一个	Part Card		1.1340.17
		Part IV, line 19			3	1		10000000000000000000000000000000000000
		Less: direct expenses		·L		- 1 To 1		73
	C	: Net income or (loss) from gam	ing activities	. <u>,</u>	<u></u>	<u> </u>		
	10 a	Gross sales of inventory, less		1		15	- X - 38	3
		and allowances		<u></u>		1.400		
	b	Less: cost of goods sold	b	L	- 1 Jake 1			
	C	Net income or (loss) from sale				ļ		
		Miscellaneous Revenu	в	Business Code		San Sec.	LANGE OF STREET	
	11 a							
	b)						
1	C							
	d	All other revenue		900099	20,517.			20,517.
	•	Total. Add lines 11a-11d			20,517.	200		ري د د <u>د د ب</u>
	12	Total revenue. See Instructions)	18,729,605.	0.	0.	43,584.
83200	9 12-3	11-18						Form 990 (2018)

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Form 990 (2018)

Smergency Assistance Foundation, Inc.

45
[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 respon				
	not include emounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	and domestic governments. See Part IV, line 21	176,958.	176,958.		4
2	Grants and other assistance to domestic				7
	Individuals. See Part IV, line 22	10,708,676.	10,708,676.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16	444,051.	444,051.	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	是大大學中华主義
4	Benefits paid to or for members			には認合を整治性	
5	Compensation of current officers, directors,			,	
	trustees, and key employees	280,700.	119,859.	160,841.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	140,341.	59,926.	80,415.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	·
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
C	Accounting	10,000.		10,000.	
d	, o				
e	Professional fundraising services. See Part IV, line 17			(1)	
f	Investment management fees				.,,
8			_		
	column (A) amount, list line 11g expenses on Sch O.)	767,998.	327,935.	440,063.	
12	Advertising and promotion	1,300.		1,300.	
13	Office expenses	152,314.	138,478.	13,836.	
14	Information technology	174,307.	74,491.	99,816.	
15	Royalties				
16	Occupancy	4,197.		4,197.	
17	Travel	20,537.		20,537.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 222			
19	Conferences, conventions, and meetings	4,300.		4,300.	
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	2.981.		2 001	
23	Insurance Other expenses, Itemize expenses not covered	2,301.	THE PLEASURE CASE SELECT	2,981.	4867 - 14 (free 2 1987)
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
8			<u> </u>		<u> </u>
b					
C			<u> </u>		<u> </u>
đ		7, 41	* * * * * * * * * * * * * * * * * * * *	5 545	
•	All other expenses	14,335.	10,775.	3,560.	<u> </u>
<u>25</u>	Total functional expenses. Add lines 1 through 24e	12,902,995.	12,061,149.	841,846.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If tollowing SOP 98-2 (ASC 958-720)				

Page 11

Part X: Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 9,819,930, 4,369,424, Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Piedges and grants receivable, net 3 0 1.574. Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 009 ٥ Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10s b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 10,554,569, 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related, See Part IV, line 11 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 9,819,930. 14,934,576, 16 Total assets. Add lines 1 through 15 (must equal line 34) 59.861 90,952, 17 Accounts payable and accrued expenses 17 1,006,586 552,304, 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 320,275 Schedule D 1,386,722 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. . . . or Fund Belences 1,378,805 1,852,628, Unrestricted net assets 27 7,054,403. Temporarily restricted net assets 12,438,692. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 8,433,208. 14,291,320. 33 Total net assets or fund balances 14,934,576. 9,819,930. Total liabilities and net assets/fund balances

Form	1990 (2018) Emergency Assistance Foundation, Inc.	45-1813056		Pa	ge 12
Pa	rt XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	,729	,605.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,902	,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,826	,610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	,433	,208.
5	Net unrealized gains (losses) on investments	5		31	,502.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			•	
	column (B))	10	14	,291	,320.
Pa	त्रिप्रोप 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 Accrual Other		j		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		960.	1
2 e	Were the organization's financial statements compiled or reviewed by an independent accountant?		28		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	jon a	3		
	separate basis, consolidated basis, or both:		٠.,	¥, "	
	Separate basis Consolidated basis Both consolidated and separate basis			V), c	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	l
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	adule O.		7000	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		X
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				Γ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35b		L
			Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-t-2.

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

Name of the organization

Employer Identification number

		Emerge	ncy Assistance	Foundation, Inc.				4:	5-1813056
Part	[1]	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) So	e instructions	3.	
The org	aniz	ation is not a private found	ation because It is: (For lines 1 through 12, o	check only	one box.)			,
1 🗀	_	A church, convention of ch						Λ^{γ}	
2	_	•	•					() }	
3 E	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 =	_	A medical research organization	•					(III), Enter	the hospital's name.
-		city, and state:		· yantaan ina a naapiia				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
. [_	An organization operated fo	or the benefit of a co	flene or university owner	d or operat	ted by a o	overnmental i	ınit describ	bed in
.		section 170(b)(1)(A)(iv). (C		acgo or armonary comic	u or oporu	b, u g			
• [_			nontal unit described in	eestlon 17	MANAYAYAY	44		
7 🖫	_	A federal, state, or local gov An organization that normal	_					ha sanami	l public described in
/ 14		•	•	nual part of its support i	IIOIII a gov			не уелетал	public described in
	_	section 170(b)(1)(A)(vi). (C	•	WANA Mamalaka Daw					
* -	_	A community trust describe	•		-		ء طلاب معالمه		· college
9 🗀		An agricultural research org		•		_		_	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, cit	y, and state o	The colleg	je or
—	_	university:					 -		
10		An organization that norma							
		activities related to its exem	•						
	i	ncome and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.
_	្	See section 509(a)(2). (Cor	mplete Part III.)						
11 📙	_	An organization organized a	•	•	-				
12		An organization organized a	-	=					
	r	nore publicly supported on	ganizations describe	ed in section 509(a)(1) o	r section !	50 0 (a)(2).	See section !	509(a)(3). (Check the box in
_		ines 12a through 12d that	describes the type o	of supporting organization	on and con	nplete line	s 12e, 12f, and	d 12g.	
L		Type I. A supporting orga	•	•					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
_		organization. You must c	omplete Part IV, Se	ctions A and B.					
ь		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management or	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mane	ige the sur	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c [Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete i	Part IV, Se	ections A,	D, and E.		
a [Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	with its suppo	rted organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	tiveness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
• [Check this box if the orga						II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
f E	nter	the number of supported o	·····						
		te the following information	•						
	(i)	Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	nization Relading document?	(v) Amount of	•	(vl) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	etructions)	support (see Instructions)
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Page 2

Schedule A (Form 990 or 990-EZ) 2018 Emergency Assistance Foundation, Inc. 45-1813056

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.)

50 0	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	351,024.	620,113.	2,150,185.	22,423,462.	18,686,021.	44,230,805.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1				
	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	351,024.	620,113.	2,150,185.	22,423,462.	18,686,021.	44,230,805.
5	The portion of total contributions		* 5 · · ·			1. 15 m	
	by each person (other than a	304				* * * * * * * * * *	
	governmental unit or publicly						
	supported organization) included				Barry of Sentinger		
	on line 1 that exceeds 2% of the			1	Section 1999	138 48 26 4	
	amount shown on line 11,				1		
	column (f)	way see the second				10.00	12,356,582.
6	Public support. Subtract line 5 from line 4.	を発		. K	2 54 (45)	1. C.	31,874,223.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2018	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	351,024.	620,113.	2,150,185.	22,423,462.	18,686,021.	44,230,805.
8	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties,		İ				
	and income from similar sources	70.	12,036.	5,075.	278.	23,067.	40,526.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on]				
10	Other income. Do not include gain			_			
	or loss from the sale of capital		1			1	
	assets (Explain in Part VI.)		<u> </u>		i	20,517.	20,517.
11	Total support. Add lines 7 through 10		and the second	7.00 HP 7.00	数学学に対し、	国际的股票	44,291,848.
12	Gross receipts from related activities,	etc. (see instructi	ons)	••••		12	405,256.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ		rcentage				<u> </u>
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11. c	olumn (f))		14	71.96 %
	Public support percentage from 2017					15	54,62 %
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶≭
b	33 1/3% support test - 2017. If the d	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/39	or more, check th	is box
	and stop here. The organization qual	ifles as a publicly :	supported organize	ation			▶└
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organize	ation qualifies as a	publicly supported	d organization		▶□
ь	10% -facts-and-circumstances tes	t - 2017. If the org	janization did not d	heck a box on line	9 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	ı
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instruction	<u> </u>
					Sche	dule A (Form 980	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Sch Pa	edule A (Form 990 or 990-EZ) 2018 Ext art III Support Schedule for C	ergency Assis	Described in	ion, Inc. Section 509(s	1)(2)	45-18/1305	6 Page 3
1	(Complete only if you checked	-				Part II. If the organi	zation fails to
Sa	qualify under the tests listed be ction A. Public Support	elow, please com	olete Part II.)		-, ··-	- / /	<u> </u>
	indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(é) 2018	(f) Total
	Gifts, grants, contributions, and	(4),2014	10/20:0	197=0.10		1/	
-	membership fees received. (Do not						41
	include any "unusual grants.")					.7	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-				/		
	ization's benefit and either paid to			,	4	1	
	or expended on its behalf		<u> </u>				, ,
5	The value of services or facilities				İ	-	
	furnished by a governmental unit to			,	1		
_	the organization without charge			/	 	 	
	Total. Add lines 1 through 5				 		
/(Amounts included on lines 1, 2, and 3 received from disqualified persons			ĺ	İ		
t	o received in the 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
•	Add lines 7a and 7b						
8 Se	Public support. (Submettive 7s tem line 5.) ction B. Total Support		高空空。江東		を 一般で	PSO: PSE	
_	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
•	Amounts from line 6	. (-2	/				
104	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		/·	-			
	Add lines 10a and 10b						
12	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.)						
14	First five years. If the Form 990 is for	1 -/			-		
Se	check this box and stop here ction C. Computation of Publi				·····		<u></u>
	Public support percentage for 2018 (ii			column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves	, ,					
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from						%
196	33 1/3% support tests - 2018. If the						17 is not
_	more than 33 1/3%, check this box as	-	-	•			₽└
t	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
90	Private foundation. If the organization						
	23 10-11-18	II WILL INCL CHOCK &		u, vị 100, 01000 l		nedule A (Form 99)	

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Part IV. | Supporting Organizations

3.

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and 8. 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 Sup	porting O	rganiza	tions

- 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.
- 5e 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).
- Se. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	GUIG A (FORM 990 OF 990-EZ) 2018 AMELYMENT ASSISTANCE FOUNDATION, THE.	013030	P	age 5
Pa	t IV Supporting Organizations (continued)			<u> </u>
44	Hen the emeritation eccented a gift or contribution from any of the following respect?	<u> इस्टब्स</u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who dispaths or indirectly contribute picture store there with persons described in (h) and (c)		4	
a	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?	118	56.	1,000
h	A family member of a person described in (a) above?	11b		<u> </u>
	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	_	
	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7.		2.3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		3	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1 in 1	*
	controlled the organization's activities. If the organization had more than one supported organization,		8	1
	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		بونو	73
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	7.37	£ν.	
<u> </u>	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations		V	
	Miles a majority of the appropriation to discuss or to order the two years also a majority of the discussion	57572	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		2	× 1
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	3 ALTER 1	5.40	ئ ىد : ئ
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	1	Š
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ζς	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	المَّنْ ثِنَا الْمُ		7
	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	10.75		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	200	1.	7
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Ť.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	6 h	- ·	- 120
	supported organizations played in this regard.	3		
1	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeateee Instruct			
a	The organization satisfied the Activities Test, Complete line 2 below.	:O1 16).		
b	The organization is the parent of each of its supported organizations, Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	i).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.7		13:3
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	100		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	2.33	9	3
	how the organization was responsive to those supported organizations, and how the organization determined		₩.:	N
	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	ينتر أ		, , , , , ,
	reasons for the organization's position that its supported organization(s) would have engaged in these			3
	activities but for the organization's involvement.	2 b	popul . C	. 4 31/2
	Parent of Supported Organizations. Answer (a) and (b) below.			1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	. 2. 3. 2.2		:51
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
D	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	V.	<u>ش</u> ت
192025	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 10-11-18 Schedule A (Fo			2019
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Sche	dule A (Form 990 or 990-EZ) 2018 Emergency Assistance Foundation, I	nc.	4	5-1813056	Page 6
Pa	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting		anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifylr	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See inst	ructions. Al
	other Type III non-functionally integrated supporting organizations must co				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Curren (option	
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	1			
	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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see	7 :		1. 14 925	
	instructions for short tax year or assets held for part of year):			200	
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):	٤.,	The second	***	
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		1	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		ļ.,	
6	Multiply line 5 by .035	6		<u> </u>	
7	Recoveries of prior-year distributions	7		<u> </u>	
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion 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	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4	Enter greater of line 2 or line 3	4	All the second		
5	Income tax imposed in prior year	5	Sales Control		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1	Starte		
	emergency temporary reduction (see instructions)	6	Silver of Manager		
7	Check here if the current year is the organization's first as a non-functional	liy integr	ated Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

45-1813056 Schedule A (Form 990 or 990-EZ) 2018 Emergency Assistance Foundation, Inc. Page 7 Part V" Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exampt-use assets Qualified set-aside amounts (prior IRS approval required) ß Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See Instructions. Distributable amount for 2018 from Section C. line 6 Line 8 amount divided by line 9 amount 10 (ii) (HI) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C. line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause regulred- explain in Part VI). See instructions. 15 M 12 Value 1 Excess distributions carryover, if any, to 2018 From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e a Applied to underdistributions of prior years - X 7 h Applied to 2018 distributable amount 2.4 Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. ... 1 -3 - 3 Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater .). . than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j Breakdown of line 7: a Excess from 2014 b Excess from 2015 Ä c Excess from 2016

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Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017
e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 Emergency Assistance Foundation, Inc.	45-1813056	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 10; Part II, line 10; Part II, line 10; Part II, line 10; Part II, line 10; Part II, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See Instructions.)	lines 1 and 2; Part IV, Secti Part V. Section B, line 1e; I	on C.
Schedule A, Part II, Line 10, Explanation for Other Income:		
Miscellaneous Income		
2018 Amount: \$ 20,517.		
		<u> </u>
	<u>.</u> .	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		
	····	
	 	

SCHEDULE D (Form 990)

À 1

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 980.

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

OMB No. 1545-0047 Inspection

Name of the organization

Emergency Assistance Foundation, Inc.

Employer identification number 45-1813056

Pa	t.IX Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
\equiv	organization answered "Yes" on Form 990, Part IV, lin		· · · · · · · · · · · · · · · · · · ·
		(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 advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	Impermissible private benefit?		YesNo
Pa	性間疑 Conservation Easements. Complete if the on		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or	education) $igsqcup Preservation of a histo$	orically important land area
	Protection of natural habitat	Preservation of a certi	fled 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
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	nt.[][] Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (As		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	tibes these items.	
b	If the organization elected, as permitted under SFAS 116 (A)		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	offic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(II) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
8	Revenue included on Form 990, Part VIII, line 1		> \$
<u> </u>	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018

Sche		Assistance Found	•			45-1813		Page 2
Pa	rt Organizations Maintaining C	Collections of A	rt, Historical 1	reasures, or Ot	her Simi	lar Asse	r ta (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	is, check any of th	e following that are a	significan	t use of Its	collection	ı it em s
	(check all that apply):							
	Public exhibition	d	I ☐ Loan or ex	change programs				
Ь	Scholarly research	•	Other					
c	Preservation for future generations							
4	Provide a description of the organization's c	ollections and exclai	in how they further	r the organization's e	xempt pun	oose in Par	t XIII.	
5	During the year, did the organization solicit of							
•	to be sold to raise funds rather than to be m		•	-			Yes	□ No
Pà	rt IV. Escrow and Custodial Arran							
	reported an amount on Form 990, Pa	_ ,	DED II U IO OI GUI II EUL	ionalonata ras	J J	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	III 10 0, 01	
	Is the organization an agent, trustee, custod		diany for contribution	one or other seeste n	at inchude		•	
18							Yes	□ No
	on Form 990, Part X?					∟	7 102	L NO
Ь	If "Yes," explain the arrangement in Part XIII	and complete the to	blowing table:					
					<u> </u>	├	Amount	
	Beginning balance					 		
d	Additions during the year					↓		
•	Distributions during the year			,,	<u>1e</u>			
f	Ending balance				11			
2a	Did the organization include an amount on F	orm 990, Part X, ilne	21, for escrow or	custodial account lia	bility?	L	J Yes	<u></u> ⊢ №
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanation has bee	en provided on Part >	<u> </u>			
Pa	rt V: Endowment Funds. Complete	if the organization ar	nawered "Yes" on I	Form 990, Part IV, Iln	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
18	Beginning of year balance				T			
	Contributions				1			
	Net investment earnings, gains, and losses							
ď	Grants or scholarships				 		† · · · · · · · · ·	
_	Other expenditures for facilities				 		 	
•	•							
	and programs Administrative expenses			-	 		 	
							├	
- 8	End of year balance		- 6 4	(a) hald an				
2	Provide the estimated percentage of the cur	=	se (ime 1g, column	(a)) neki as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3 a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered fo	r the organ	ization	-	
	by:							Yes No
	(i) unrelated organizations						. 3a(i)	
	(II) related organizations						3e(ii)	
ь	If "Yes" on line 3a(ii), are the related organize	stions listed as requi	red on Schedule F	ł?			. 3 b	
4	Describe in Part XIII the intended uses of the	organization's endo						
Pa	rt VI Land, Buildings, and Equipm	nent.	•					
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o			Accumula	ted	(d) Book	value
		basis (investr			lepreciatio			
18	Land							
 h	Buildings				400 \$ 100	20.7		
~	Leasehold improvements		<u> </u>					
	Equipment		· ·					
	I. Add lines 1a through 1e. (Column (d) must e		V cohima (B) Sec	1001		_		0.
i Otti	I. AQQ MBS 18 through 10. (C<i>olumn (d) mu</i>st 6	ryuai ruiii 990, ra n	A, CORUITATI (D), MITO	1 1 UG.)				

45-1813056

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, lii (b) Book value	ne 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost	
/d) Georgial deductions	(b) Dook 1200	(d) Method of Valoation. Goal	Or GRID OF YOUR THERESE VALUE
			
(2) Closely-held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		Act of the second	COMPTENTS
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X, line 13	
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
<u></u>			
			
(4)			
(5)			
(6) (7)			
(8)	·		
(9)		- 	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Marie Marie	
Part IX: Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lis	ne 11d. See Form 990, Part X, line 15) <u>.</u>
(a)	Description		(b) Book value
(1)			
(2)			
(3)		·····	
(4)	<u></u>		
(5)	 	· · · · · · · · · · · · · · · · · · ·	
<u>(6)</u>			
			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	· · · · · · · · · · · · · · · · · · ·	
Part X: Other Liabilities.	<i></i>		
Complete if the organization answered "Yes"	on Form 990 Part IV. lis	ne 11e or 11f. See Form 990. Part X.	line 25
1. (a) Description of liability		(b) Book value	TO A STATE OF THE
(1) Federal income taxes			
(2)			A STATE OF THE STA
(3)			
(4)			
(5)			
(6)			
(7)			The second secon
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (8) line		123 S 3.3	The second second second
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial stater	nents that reports the

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	Scha	dule D (Form 990) 2018 Emergency Assistance Foundation, I		45-18130	56 Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part Vill, line 12: a Net unrealized gains (losess) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part Vill, line 12, but not on line 1: a investment expenses not included on Form 990, Part Vill, line 7b 4 Amounts included on Form 990, Part Vill, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Donated envices and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: a Investment expenses and losses per audited financial statements 2 2a 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: a Investment expenses and losses per audited financial statements 2 2a 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 12. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses Add lines 3 and 4c. (This must equal Form 890, Part II, line 18.) 5 Total expenses Add lines 3 and 4c. (This must equal Form 890, Part II, line 18.) 6 Chericoscribe in Part XIII.) C Add lines 4e and 4b C C Call lines 5 and 4c. (This must equal Form 890, Part II, line 18.) 7 Total expenses Add lines 3 and 4c. (This must equal Form 890, Part II, line 18.) 8 Total expenses Add lines 5 and 4c. (This	Par	t XI Reconciliation of Revenue per Audited Financial St		enue per Return.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoverise of pior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 18,729,605. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and use of facilities 1 Total expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 1 12,902,995. 1 Total expenses and use of facilities 2 Donated services and use of facilities 3 12,902,995. 4 Amounts included on Form 990, Part IX, line 25; but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: b Other (Describe in Part XIII.) c Ad	-	· · · · · · · · · · · · · · · · · · ·		11	18,761,107.
a Net unrealized gains (loses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c	-			·····	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses and included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losese per audited financial statements 2a			20	31 502	
C Recoveries of prior year grants 2c		• • • • • • • • • • • • • • • • • • • •			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 12, 902, 995. 2a 12, 902, 995. d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 12, 902, 995. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4a 1. b Other (Describe in Part XIII.) c Add lines 2a through 2d 4c 0. 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fortical expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Fortical expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Fortical expenses. Add lines 4c and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) From Internation. Frowlide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 2; Part XI, line 4; Part X, line 2; Part XI, line 2; Part XI, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X, line 4; Part X,				30,235	
Add lines 2a through 2d 2e 31,502	_				
3 18,729,605. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 6 18,729,605. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b c 0 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 3; Part XI, line 4; Part XI, line 4; Part XI, line 4; Part XI, line 2; Part XI, line 2; Part XI, line 3; Part XIII.	•			29	31,502.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4e and 4b form 1990, Part I, line 12.) Fairt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 4 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 4 Add lines 4e and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Forvide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 2; Par	3				18,729,605.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4s and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Pairt XIII Reconcilisation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, Part X, line 2; Part XI, Part X, line 2; Part XI, Part X, line 2; Part X, line 2; Part XI, Part X, line 2; Part X, li	4	Amounts included on Form 990. Part VIII. line 12, but not on line 1:		47.52	
b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 6 18,729,605. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,			4a		
c Add lines 4e and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pert I, line 12.) 6 18,729,605. Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII. Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII.	_	·		2 X 2 X 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3 X	
Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 12,902,995. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2s through 2d 3 Subtract line 2s through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	c			4-	0.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 12,902,995. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Donated services and use of facilities 2b Prior year adjustments 2b Donated services and use of facilities 2c Donated services 2c Donate	5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	18,729,605.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Pa	t XII Reconciliation of Expenses per Audited Financial S	atements With Ex	penses per Return.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 12,902,995 4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 12,902,995 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,		المتهافية			
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 12,902,995 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	1	Total expenses and losses per audited financial statements		1	12,902,995.
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	2	· · · · · · · · · · · · · · · · · · ·			
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 12,902,995 4 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	8	Donated services and use of facilities	2a	,Ž, %	
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	b	Prior year adjustments	2 b		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	C				
3 12,902,995. 4 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	đ		1 1		
4 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 b Other (Describe in Part XIII.) c Add lines 4e and 4b 4c 0		Add lines 2a through 2d		20	0.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	3	Subtract line 2e from line 1		·····	12,902,995.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
c Add lines 4e and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	8	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part: XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	þ	Other (Describe in Part XIII.)	4b		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,	_				0,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,			8.)	5	12,902,995.
	Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			ne 2; Part XI,
	<u>.</u>	<u> </u>			
	-				
1					

SCHEDULE F (Form 990)

Department of the Tressury Internet Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open-to Publick Inspection

Employer identification number Name of the organization Emergency Assistance Foundation, Inc. 45-1813056 Part I. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 🗷 Yes 🗀 No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (b) Number of (c) Number of (d) Activities conducted in the region (a) Region expenditures employees, agents, and independent (by type) (such as, fundralsing, prois a program service, offices for and describe specific type gram services, investments, grants to in the region investments contractors In the region recipients located in the region) of service(s) in the region in the region Central America and Grants to recipients in 6.123. the Caribbean 0 region Grants to recipients in Bast Asia and the 136,034. Pacific 0 region Grants to recipients in 76,910. region Europe Grants to recipients in 46,348. 0 Middle East region Grants to recipients in 46,924. 0 region North America Russia and Grants to recipients in Neighboring States 0 region 598. Grants to recipients in 0 128,889. South Asia region Brants to recipients in region 0 2.225. Sub-Saharan Africa 444,051. 3 a Subtotal 0 b Total from continuation ٥. sheets to Part I O c Totals (add fines 3a 0 444,051. and 3b)

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

Schedule F (Form 990) 2018

Page 2

Schedule F (Form 990) 2018 Emergency Assistance Foundation, Inc. 45-1813056

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncesh seelstance	(h) Description of noncesh assistance	(I) Method of valuation (book, FMV appraisal, other)
		-						

2	Enter total number of recipient organizations listed above that ere recognized as charities by the foreign country, recognized as tax-exempt	•	,
	by the IRS, or for which the grantee or counsel has provided a section 601(c)(3) equivalency letter		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Resrigency Assistance Foundation, Inc. 45-1813056

*Part III. Grants and Other Assistance to individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated II (a) Type of grant or assistance	(b) Region	(e) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncesh seelstance	(g) Description of noncesh assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Central America						
Financial Eardship	and the Caribbean	3	6,123.		0.		
	East Asia and the						
Financial Hardship	Pacific	118	136,034.		0.		ļ
Financial Eardship	Furope	21	76,910.		0.	 	
Financial Eardship	fiddle East	35	46,348.	.	0.		
Financial Hardship	Worth America	16	46,924.	· _ ·	0.	<u>.</u>	
	Russia and Reighboring						ĺ
Financial Eardship	States	1	598.		0.		<u> </u>
Financial Hardship	Bouth Asia	75	128,889.		0,		ļ
	Sub-Seheren						
Financial Hardship	Africa	1	2,225.		0.		
	1						

Schedule F (Form 990) 2018

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	dule F (Form 990) 2018 Emergency Assistance Foundation, Inc.	45-1813056	Page 4
Par			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	▼ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, information Return of U.S. Persons With Respect To Certain Foreign Corporations (see instructions for Form 5471)	Yee	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	I No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	▼ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X.No

Schedule F (Form 990) 2018 Emergency Assistance Foundation, Inc.	45-1813056 Pa	age 5
Part V: Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column	(f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method);		
(estimated number of recipients), as applicable. Also complete this part to provide any addi		
art I, Line 2:	•	
ach grantee submits a grant application and attaches support for		
xpenses for which the grant will be used. Also, frequently the payments		
re made directly to the vendor such as a medical practice, hospital, or		
re made directly to the vendor such as a medical practice, hospital, or		
ontractor.		
OHELBELOI.		
art I, line 3:		
the organisation tracked expenditures in accordance with accrual basis of	•	
ccounting.		
		
		
· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Farm 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ation answered "Yes" on Form 990, Part IV, line 21 or 22.

Complete If the organiz Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.ira.gov/Form990 for the letset information. Name of the organization Emergency Assistance Foundation, Inc.
Parti: General Information on Grants and Assistance 45-1813056 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncesh essistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (e) IRC section (d) Amount of (e) Amount of non-cash assistance (if applicable) cash grant Foundation For The Carolinas 220 Morth Tryon Street 56-6047886 501(c)(3) 51,736 Financial Eardship Charlotte, MC 28202 Greater Houston Community Foundation - 5120 Woodway Drive, Financial Hardship Suite 6000 - Houston, TX 77056 23-7160400 501(c)(3) 6,727 ٥ The Community Foundation for Mortheast Florida - 245 Riverside Ave #310 - Jacksonville, FL 32262 59-6150746 501(c)(3) 118,000. Financial Eardship 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule ! (Form 990) (2018)

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Schedule I (Form 990) (2018) Emergency Assistance					45-1813056	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	ele. Complete if the i.	organization answ	ered "Yes" on Form (990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of nor	ncash assistance
Death/Funeral expenses	328	811,910.				··· -, - · - · -, - · - ·
Donestic Abuse shelter/clothing	49	114,845.	0.			
Natural Disaster incl. hurricanes, typhoon and						
wildfires	4626	7,885,363,	0.			
	ı					
Son-routine medical costs	179	438,800,	0.		<u> </u>	
Violent crime related costs incl. medical and						
shelter	18	40,558,	. 0.			
Part N: Supplemental Information. Provide the Information n	equired in Pert I, iir	e 2; Part III, column	(b); and any other a	dditional information.		
Part I, Line 2:						
Organization grantees are distributed funds when	a fund partner	requests				
them and a new employee relief fund is started wi	th the other f	oundation.				
Individual grantees submit a grant application an	d attaches sup	port for				· · · <u> · · · · · · · · · · · · · ·</u>
expenses for which the grant will be used. Also,	frequently the	payments				
are made directly to the wendor such as a medical	practice, hos	pital, or				· . · . · · · · · · · · · · · · · · · ·
contractor based on invoices received from the ve-	ndor.		· · · · · ·			
					 	
····						
832102 11-02-18					8chedule	l (Form 990) (2016

	ance Foundation, In				45-1813056	Page :
Part IIII Continuation of Grants and Other Assistance to	o Individuals in the Unit	ed States (Schedul	s I (Form 990), Part II	1.)		
(a) Type of grant or assistance	(b) Number of recipients	(e) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-	cash assistance
Terror/Common Carrier Transportation	8.	20,155.	0.			
Serious illness/injury medical costs	569,	1,389,045.	0.			
					<u> </u>	
						<u> </u>
						
	•					
		 				

Schedule I (Form 990)

832242 04-01-18

SCHEDULE J (Form 990)

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Department of the Tressury Internal Revenue Service Name of the organization

Emergency Assistance Foundation, Inc.

Employer Identification number 45-1813056

Schedule J (Form 990) 2018

P	irt I' Questions Regarding Compensation			
			Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	4.5	\$	×.
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			(
	First-class or charter travel Housing allowance or residence for personal use		7.5	يزيز
	Travel for companions Payments for business use of personal residence			(\$)
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1.] :	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		e :::	
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	· .	7	
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	·	.,		1
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
		\$ 50.4	1.00	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1.8
	establish compensation of the CEO/Executive Director, but explain in Part III.	' '		
	Compensation committee Written employment contract			14.
	Independent compensation consultant Compensation survey or study	. "		1.6
	Form 990 of other organizations			7
	Limit 701111 300 01 Out of Organizations	1.4.7		
	During the year alid any names listed on Comp 000 Part MI. Castien A. line 1s with respect to the files	11.5	10.5	1.6
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		/	"3"
_	organization or a related organization:	48		
	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?		-	T X
b		4c		+
C	Participate in, or receive payment from, an equity-based compensation arrangement?	46		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		, ×	7 (50)
	Only souther 1944-VM 1944-VA) and 5041-VMM assentations much sometime 5.0	3	9	R
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	13.33	44	
Ð	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100	,	`Z.
_	contingent on the revenues of:	75.75 50		2.2946 X
	The organization?	5b	┝	1
D	Any related organization?	30	1. 2	7
_	If "Yes" on line 5a or 5b, describe in Part III.		٠.,٠	
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		::.	
	contingent on the net earnings of:	<u> </u>	2	x
	The organization?	60		Ī
Þ	Any related organization?	6b	1807	-
_	If "Yes" on line 6a or 6b, describe in Part III.	13.4	$ S_{i} $	4
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		<u> </u>	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	-	X VZX
8		1.	<u></u>	لم كنيا.
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		هَ الله	. 3
	Domiselles a continue 50 4050 8/-\0			4

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

Page 2

Schedule J (Form 980) 2018 Resergency Assistance Foundation, Inc. 45-1813056

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

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

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

		(B) Breskdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and other deferred	(D) Nontavable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(A) Name and Title		(i) Base (ii) Bonus & (iii) Other reportable compensation		compensation	Darients	(B)(I)-(C)	en column (13) reported as deferre on prior Form 990	
(1) Douglas Stockhem	M	260,000.	0.	0.	0.	0.	260,000.		
President	(H)	0.	0.		0.	0.	0.		
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	(8)								
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Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018	Emergency Assistance Foundation, Inc.	45-1813056	Page 3
Pert;III Supplemental Information	n	of the Plant Pl. Alexander and the part for any actilities of Indiana.	
Provide the information, explanation	i, or descriptions required for Part I, lines 1s, 1b, 3, 4s, 4b, 4c, 5s, 5b, 6s, 6b, 7, and 8, an	o for Part H. Also complete tres part for any socialonal inform	ERSON.
			
			
			
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Schedule J (Form 990) 2018

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SCHEDULE L

* 2 2

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25e, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treesury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open To Public

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Part I Exc	ess Ben	efit Transac	ions (section 5	01(c)(3), sect	ion 501(c)(4), and 5	01(c)(29) organization	ns only	<i>r</i>).			-	
Con	plete if the	organization and	swered "Yes" on	Form 9	990, P	art IV, line 25a or 25	b, o	r Form 990-EZ, P	art V,	line 40)b			
1 (a) Name of	dlace valified	(b)	Relationship bet			lified	el D	escription of tran	eectic	wn		(d)	Corre	cted?
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Part II Los	ans to an	d/or From In	iterested Per	sons) <u>.</u>					-				
Соп	nplete if the	organization and	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or	For	n 990, Part IV, lir	e 26;	or if th	ne orga	nizati	on	
	-	_	0, Part X, line 5,											
(a) Nam	e of	(b) Relationship	(c) Purpose	(d) L	en to or	(-)8	10) Balance due) In	(h) Approved by board or			ritten
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Part III Gra	ints or A	ssistance Be	nefiting Inte	reste	d Pe	rsons.			,		10.5.17		<u> </u>	
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Schedule L (Form 990 or 990-EZ) 2018 Emergency Assistance Foundation, Inc. 45-1813056 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (d) Description of (b) Relationship between interested (c) Amount of (a) Name of interested person transaction transaction person and the organization revenues? Yes No Douglas Stockham, P D Solutions LLC 140 341 Compensatio I Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: D Solutions LLC (b) Relationship Between Interested Person and Organization: Douglas Stockham, President, owns 100% of D Solutions LLC (d) Description of Transaction: Compensation for Translation Services

SCHEDULE 0 (Form 990 or 990-EZ)

1 1 2

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. **Employer Identification number** Name of the organization Emergency Assistance Foundation, Inc. 45-1813056 Form 990 Part VI Section A line 8b: The organization has no committees with authority to act on behalf of the governing body. Therefore, this line was answered "no" in accordance with the instructions. Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's top management. The reviewed Form 990 is then provided to the board of directors at a board meeting prior to filing with the IRS. Form 990, Part VI, Section B, Line 12c: The organization requires all officers and board members to annually complete and sign a conflict of interest questionnaire. The board chair is responsible for reviewing the signed statements and ensuring that interested persons are in compliance with the conflict of interest policy. Should any potential conflicts of interest be disclosed, the board member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the relationship. Form 990 Part VI Section B Line 15: Question 15a - Independent members of the board determined the compensation using knowledge they have of other non-profit organizations' President's compensation. However, this process is not documented in the minutes, and therefore this line was answered "no" in accordance with the instructions,

from the audited financial statements as follows on Form 990, Part X,

Lines 27-29:

Name of the organization Emergency Assistance Foundation	Inc	Employer identification number 45-1813056
Line 27 - Unrestricted net assets	\$ 1,852,628	
Net assets with donor restrictions		
Line 28 - Temporarily restricted net assets	\$ 12,438,692	
Line 29 - Permanently restricted net assets	\$ 0	
Subtotal	\$ 12,438,692	
Total net assets	\$ 14,291,320	
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