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Department of the

Return of Organization Exempt From Income Tax

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

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

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2019

DLN: 93493321078510 OMB No. 1545-0047

		enue Service						Inspection
			alendar year, or tax year begin C Name of organization	ning 01-01-2019 , and ending 12-3	31-2019	D. F	:	:
		applicable: change	STRADA EDUCATION NETWORK INC					ication number
□ Na		_				47-304	4430	
□ Ini			Doing business as					
		rn/terminated d return		ail is not delivered to street address) Room/s	uite	E Telephor	ne number	
		ion pending	10 WEST MADVET STREET SHITE 110			(317) 8	06-1200	
			City or town, state or province, count	try, and ZIP or foreign postal code				
			INDIANAPOLIS, IN 46204			G Gross re	ceipts \$ 50	02,809,428
			F Name and address of principal WILLIAM HANSEN	officer:	H(a)	Is this a group re	turn for	
			10 WEST MARKET STREET SUITE	1100		subordinates? Are all subordinat	taa	□Yes ☑No
		mant atatura	INDIANAPOLIS, IN 46204		H(b)	included?	ies	☐ Yes ☐No
<u> </u>	x-exei	mpt status:	✓ 501(c)(3)	insert no.) 4947(a)(1) or 527	J 、	If "No," attach a	•	•
J W	ebsit	te:► WV	/W.STRADAEDUCATION.ORG		П(С)	Group exemption	number	•
V [: Corporation Trust 🗹 Assoc	sisting Other S	L Year o	of formation: 2015	M State	of legal domicile: DE
K Forr	n or o	organization	: Li Corporation Li Trust Li Assoc	clation				
Pa	art I	Sum	mary				•	
Activities & Governance	 	TO PROVI ADULT AN EDUCATION INCLUDIN INCLUDIN ENHANCII STUDENT	ID EXPERIENTIAL LEARNING, AND DN PREPAREDNESS, ACCESS, AND IG POSTSECONDARY EDUCATIONAL IG WORK RESEARCH AND THE DEL: NG PREPARATION FOR, ACCESS TO S WHO FINISH WHAT THEY START	Most significant activities: IVER THE POLICIES, PROGRAMS, AND A DXTERA INSTITUTE, INC. TO PURSUE T SUCCESS. STRADA EDUCATION NETW L INSTITUTIONS, TO PURSUE THE MISS IVERY OF SERVICES IN FURTHERANCE D, AND SUCCESS IN POSTSECONDARY I IN COLLEGE OR OTHER POSTSECONDA MENT IN THE 21ST CENTURY GLOBAL V	THEIR MIS ORK, INC SIONS OF OF "COM EDUCATION ARY PROG	SSION TO ENHAN . PROVIDES GRAN FITS SUPPORTED PLETION WITH A DN, INCREASING GRAMS, AND ENSU	CE POSTS ITS TO PI ORGANIZ PURPOSE THE PERG	SECONDARY UBLIC CHARITIES, ZATIONS, E," DEFINED AS CENTAGE OF
69								
<u>-</u> ح	-							
nes				continued its operations or disposed of		n 25% of its net a		l 16
\bar{2}	l		,	g body (Part VI, line 1a) the governing body (Part VI, line 1b)		• •	3	16
AC	l		•	endar year 2019 (Part V, line 2a)			5	168
			, ,	essary)			6	0
	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	4,108,753
	ь	Net unre	lated business taxable income from	n Form 990-T, line 39			7b	0
						Prior Year		Current Year
đ	8	Contribut	cions and grants (Part VIII, line 1h)			Prior Year 82,946,	856	87,120,164
ēnuē/	9	Program	service revenue (Part VIII, line 2g)			82,946,	0	87,120,164 0
Ravenue	9 10	Program Investme	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li	nes 3, 4, and 7d)		82,946,8 86,936,3	0 370	87,120,164 0 71,034,380
Ravenue	9 10 11	Program Investme Other rev	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li venue (Part VIII, column (A), lines 5	nes 3, 4, and 7d)		82,946, 86,936, -50,	0 370 315	87,120,164 0 71,034,380 2,785,601
Ravenue	9 10 11 12	Program Investme Other rev Total rev	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li renue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832,	0 370 315 911	87,120,164 0 71,034,380 2,785,601 160,940,145
Ravenue	9 10 11 12 13	Program Investme Other rev Total rev Grants a	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co	nes 3, 4, and 7d)		82,946, 86,936, -50,	0 370 315 911	87,120,164 0 71,034,380 2,785,601
	9 10 11 12 13 14	Program Investme Other rev Total rev Grants a Benefits	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus end similar amounts paid (Part IX, co paid to or for members (Part IX, co	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832,	0 370 315 911 540	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383
	9 10 11 12 13 14 15	Program Investme Other rev Total rev Grants a Benefits Salaries,	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line venue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus end similar amounts paid (Part IX, co paid to or for members (Part IX, co	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832, 38,000,	0 370 315 911 540	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0
	9 10 11 12 13 14 15 16a	Program Investme Other rev Total rev Grants a Benefits Salaries, a Profession	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), livenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (musted similar amounts paid (Part IX, column to or for members (Part IX, column to other compensation, employee ber	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832, 38,000,	0 370 315 911 540 0	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335
Exp enses Revenue	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total rev Grants a Benefits Salaries, Profession	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), livenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (musted similar amounts paid (Part IX, column (A), column	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832, 38,000,	0 370 315 911 540 0 470	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335
	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total rev Grants a Benefits Salaries, a Professio Total fund Other ex	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line 2g) ent income (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, copaid to or for members (Part IX, coother compensation, employee beronal fundraising fees (Part IX, columraising expenses (Part IX, column (D), lines and incompensation).	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832, 38,000, 24,199,	0 370 315 911 540 0 470 0	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335
Expenses	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total rev Grants a Benefits Salaries, Professio Total fund Other ex Total exp	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mustand similar amounts paid (Part IX, copaid to or for members (Part IX, coother compensation, employee beronal fundraising fees (Part IX, column raising expenses (Part IX, column (D), lipenses (Part IX, column (A), lines 1	nes 3, 4, and 7d)		82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030, 66,801,	0 370 315 911 540 0 470 0 947 957	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443
Expenses	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total rev Grants a Benefits Salaries, Professio Total fund Other ex Total exp	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1 to or for members (Part IX, column all fundraising fees (Part IX, column all fundraising fees (Part IX, column (B), lines 1 penses (Part IX, column (A), lines 1 tenses. Add lines 13–17 (must equal	nes 3, 4, and 7d)	Beg	82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030,	0 370 315 911 540 0 470 0 947 957	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, a Professio Total fund Other ex Total exp Revenue	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1 to or for members (Part IX, column all fundraising fees (Part IX, column all fundraising fees (Part IX, column (B), lines 1 penses (Part IX, column (A), lines 1 tenses. Add lines 13–17 (must equal	nes 3, 4, and 7d)	Begi	82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030, 66,801,	0 370 315 911 540 0 470 0 947 957 954	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, a Professio Total fund Other ex Total exp Revenue	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), livenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, copaid to or for members (Part IX, coother compensation, employee beronal fundraising fees (Part IX, columnaising expenses (Part IX, columnaising expenses (Part IX, column (A), lines 1 penses (Part IX, column (A), lines 1 penses. Add lines 13–17 (must equaless expenses. Subtract line 18 fro	nes 3, 4, and 7d)	Begi	82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030, 66,801, inning of Current Y	0 370 315 911 540 0 470 0 947 957 954 'ear	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, a Professio Total fund Other ex Total exp Revenue Total ass Total liab	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (musted similar amounts paid (Part IX, column do similar amounts paid (Part IX, column do similar amounts paid (Part IX, column amounts paid to or for members (Part IX, column fundraising fees (Part IX, column raising expenses (Part IX, column (A), lines 10 penses (Part IX, column (A), lines 10 penses. Add lines 13–17 (must equal less expenses. Subtract line 18 from ets (Part X, line 16)	nes 3, 4, and 7d)	Begi	82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030, 66,801, inning of Current Y	0 370 315 911 540 0 470 0 947 957 954 'ear	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year 1,559,443,913
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, a Professio Total fund Other ex Total exp Revenue Total ass Total liab Net asse:	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1 to or for members (Part IX, column (B), lines 1 to or for members (Part IX, column (B), lines 1 to enses. Add lines 13–17 (must equal less expenses. Subtract line 18 from ets (Part X, line 16)	nes 3, 4, and 7d)		82,946,1 86,936,1 -50,1 169,832,1 38,000,1 24,199,1 40,830,1 103,030,1 66,801,1 inning of Current Y 1,395,395,1 43,618,1 1,351,777,1	0 370 315 911 540 0 470 0 947 957 954 'ear 473 262 211	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year 1,559,443,913 55,472,590 1,503,971,323
Net Assets or Exp enses ep et and Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue Total ass Total liab Net asse Sign alties of p	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1) ender compensation, employee beronal fundraising fees (Part IX, column (B), lines 1) enses (Part IX, column (A), lines 1) enses. Add lines 13–17 (must equal less expenses. Subtract line 18 from ets (Part X, line 16)	nes 3, 4, and 7d)	g schedul	82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030, 66,801, inning of Current Y 1,395,395, 43,618, 1,351,777, es and statement:	0 370 315 911 540 0 470 0 947 957 954 473 262 211 s, and to	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year 1,559,443,913 55,472,590 1,503,971,323 the best of my
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would be also or by the bound b	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue Total ass Total liab Net asse Sign Ialties of per and belief	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1) ender compensation, employee beronal fundraising fees (Part IX, column (B), lines 1) enses (Part IX, column (A), lines 1) enses. Add lines 13–17 (must equal less expenses. Subtract line 18 from ets (Part X, line 16)	nes 3, 4, and 7d)	g schedul	82,946, 86,936, -50, 169,832, 38,000, 24,199, 40,830, 103,030, 66,801, inning of Current Y 1,395,395, 43,618, 1,351,777, es and statement:	0 370 315 911 540 0 470 0 947 957 954 473 262 211 s, and to	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year 1,559,443,913 55,472,590 1,503,971,323 the best of my
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Net Assets or Exp enses by which is a series of the stances or the	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue Total ass Total liab Net asse Sign alties of per and beliefedge.	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1) paid to or for members (Part IX, column (B), lines 1) paid to or for members (Part IX, column (B), lines 1) penses (Part IX, column (A), lines 1) penses (Part IX, column (A), lines 1) penses. Add lines 13–17 (must equal less expenses. Subtract line 18 fro ets (Part X, line 16)	nes 3, 4, and 7d)	g schedul	82,946,i 86,936,i -50,i 169,832,i 38,000,i 24,199,i 40,830,i 103,030,i 66,801,i inning of Current Y 1,395,395,i 43,618,i 1,351,777,i es and statement: ased on all inform	0 370 315 911 540 0 470 0 947 957 954 473 262 211 s, and to	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year 1,559,443,913 55,472,590 1,503,971,323 the best of my
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Met Assets or Expenses or house and balances or house a fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 edge nowled	Program Investme Other rev Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue Total ass Total liab Net asse Sign lalties of perand belief	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), line zenue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 1) paid to or for members (Part IX, column (B), lines 1) paid to or for members (Part IX, column (B), lines 1) penses (Part IX, column (A), lines 1) penses (Part IX, column (A), lines 1) penses. Add lines 13–17 (must equal less expenses. Subtract line 18 fro ets (Part X, line 16)	nes 3, 4, and 7d)	g schedul	82,946,i 86,936,i -50,i 169,832,i 38,000,i 24,199,i 40,830,i 103,030,i 66,801,i inning of Current Y 1,395,395,i 43,618,i 1,351,777,i es and statement ased on all inform 2020-11-16 Date Check	0 370 315 911 540 0 470 0 947 957 954 473 262 211 s, and to	87,120,164 0 71,034,380 2,785,601 160,940,145 38,396,383 0 28,115,335 0 34,013,984 100,525,702 60,414,443 End of Year 1,559,443,913 55,472,590 1,503,971,323 the best of my which preparer has
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Cat. No. 11282Y

Form	990 (2019)					Paç	ge 2
Pa	rt III Statement of	Program Service	e Accomplis	hments			
	Check if Schedul	le O contains a resp	onse or note to	any line in this Part III .			<u> </u>
1	Briefly describe the orga	anization's mission:					
AND PREP POST AND AND OTHE	EXPERIENTIAL LEARNING AREDNESS, ACCESS, ANI SECONDARY EDUCATION THE DELIVERY OF SERVINGUCESS IN POSTSECON	G, AND DXTERA INS D SUCCESS. STRAD NAL INSTITUTIONS, CES IN FURTHERAN NDARY EDUCATION,	TITUTE, INC. TO A EDUCATION N TO PURSUE THE CE OF "COMPLE INCREASING TH) PURSUE THEIR MISSIG LETWORK, INC. PROVID E MISSIONS OF ITS SUF TION WITH A PURPOSE HE PERCENTAGE OF STO	ITIES OF ROADTRIP NATION, LTD ON TO ENHANCE POSTSECONDAR' ES GRANTS TO PUBLIC CHARITIES PPORTED ORGANIZATIONS, INCLU ," DEFINED AS ENHANCING PREPA JUENTS WHO FINISH WHAT THEY EDUCATION TO EMPLOYMENT IN	Y EDUCATION 5, INCLUDING DING WORK RESEARC ARATION FOR, ACCESS START IN COLLEGE OF	H S TO,
2	Did the organization un	dertake any significa	ant program ser	vices during the year w	hich were not listed on		
	the prior Form 990 or 9	90-EZ?				🗌 Yes 🗹 No	
	If "Yes," describe these						
3	Did the organization cea		nake significant	changes in how it condu	ucts, any program		
	services?					🗌 Yes 🗹 No)
	If "Yes," describe these	changes on Schedu	le O.				
4		501(c)(4) organizatio	ons are required	to report the amount of	largest program services, as meas of grants and allocations to others,		
4a	(Code: See Additional Data) (Expenses \$	17,617,487	including grants of \$) (Revenue \$	2,769,601)	
4b	(Code: See Additional Data) (Expenses \$	38,396,383	including grants of \$	38,396,383) (Revenue \$	0)	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	<u> </u>
4d	Other program services	•	,				_
	(Expenses \$	inc	uding grants of	\$) (Revenue \$)	
4e	_Total program service	e expenses 🟲	56,013,8	70			

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Par	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 18

Nο

Nο

Nο

19

20a

20b

21

Yes

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19

rm s	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			1
			Yes	No
	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	Yes	
	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	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pari	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Ves	No

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	11-		Ne
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
	parachute payment(s) during the year?	15	Yes	No.
-	If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🔽
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 16		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	163	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THOMAS R ERTEL 10 WEST MARKET STREET SUITE 1100 INDIANAPOLIS, IN 46204 (317) 806-1200			
			orm On	n (2019)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's tax
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, or 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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe												
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

	at VII Section A. Officers, Direct	tors. Trustee		Emp	lov		and	Hia'	nest Co	mpensa	ted Employees	(cont	inued)	rage o
T GI	(A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (do	(C) lo not sox, u	c) ot che unles	neck mo ess pers	ore son	Rep comp fro orga	(D) portable pensation om the anization	(E) Reportable compensatio from related organization	n d	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- MISC)	(W-2/1099- MISC)		organizat relat organiz	:ed
See	Additional Data Table			_	 	\vdash	 -	 	-					
				+	+-	\vdash	+	+-						
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					<u> </u>	\perp	Щ.	<u> </u>				\perp		
	Sub-Total						▶					_		
	Total (add lines 1b and 1c)	•					•		10,	,431,423		0		1,275,126
2	Total number of individuals (including of reportable compensation from the			e list	ed a	ibov	e) who) rec	eived mo	ore than \$	100,000			
					_	_							Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>											3	Yes	
4	For any individual listed on line 1a, is organization and related organizations individual	ns greater than \$	\$150,00	0? <i>If</i>	"Yes	s," c	complet	ete Sc	chedule J	I for such		4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?									ation or in	dividual for	5		No
Se	ection B. Independent Contract	ors			_	_		_						
1	Complete this table for your five higher from the organization. Report comper											mpen		
	Name a	(A) and business addre	ess								(B) scription of services		(C Compe	
	UP INC				_	_		_		DATA ANA	LYSIS SERVICES		2	,089,920
OMAH	GALLUP DRIVE HA, NE 68102													
	ART LABS LLC									DIGITAL S	ERVICES		1	,260,142
MINN	N 5TH STREET SUITE 520 NEAPOLIS, MN 55403													
	RT AND MIND STRATEGIES LLC									CONSULTI	NG SERVICES			775,857
REST	55 SUNRISE VALLEY DR STE 340 FON, VA 20191													
	CICERO GROUP LP									CONSULII	NG SERVICES			528,931
SALT	ORTH RIO GRANDE STREET LAKE CITY, UT 84101													*******
	ERSON KILL PC . AVENUE OF THE AMERICAS									LEGAL FEE	ES .			466,611
NEW	YORK, NY 10020									<u></u>				
	Total number of independent contractor compensation from the organization b		: not IIm	iitea t	o tn	iose	listea	abov	ve) wno i	received r	nore than \$100,0	00 of		
	·												Form 90	0 (2019)

orm 9 Part		(2019) Statement	of 1	201100110						Page 9
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
		3.130K II 33.13K		5 5511441115 4	, 55,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	a Federated campa	aigns	· .	1a			revenue		512 - 514
ints	ļ	b Membership due:	s.	. [1 b					
6 10 10 10 10 10 10 10 10 10 10 10 10 10	,	c Fundraising even	nts .	[1c					
fts, ≓A	,	d Related organiza	tions	5	1d					
] ⊒ 12:	•	e Government grants	(con	tributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	 All other contribution and similar amounts 			1f	87,120,164				
buti the	١.	above Noncash contribution	ons in	L Icluded in		87,120,104				
	'	lines 1a - 1f:\$,,,,,		1 g					
		h Total. Add lines	1a-1	f		•	87,120,164			
						Business Code				
	2a									
en He	_									
Rek	b	·								
ice	c									
Ser	d	1								
Program Service Revenue	"	-				-				
Togr	е									
<u>a</u>	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	:f	>					
		Investment income			nds, i		16,356,293		4,108,753	12,247,540
	l	similar amounts). Income from invest		· · · · · · · · · · · · · · · · · · ·	· npt bo	ond proceeds •	20,000,200		1,7200,7,00	22,217,610
	l						15,721	15,721		
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a		16,000					
	b	Less: rental	6b				1			
		expenses Rental income	60)	-			
		or (loss)	6 c		16,000					
	C	Net rental income	or				16,000			16,000
	73	Gross amount		(i) Securit	ies	(ii) Other	+			
	, "	from sales of assets other than inventory	7a	396,5	47,370					
	b	Less: cost or	7b	3/1.8	69,283	2				
		other basis and sales expenses		341,0	09,263					
	c	Gain or (loss)	7c	54,6	78,087	,				
	c	Net gain or (loss)				· · · •	54,678,087	,		54,678,087
<u>a</u>	8a	Gross income from fu (not including \$	ındra	ising events of						
eun		contributions reporte See Part IV, line 18								
3e√					8a 8b		4			
Other Revenue	l	Less: direct expen Net income or (los				ents	_			
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b		1			
	۰	Net income or (los	ss) fr	rom gaming a	ctivit	ies	<u>_</u>			
	10:	aGross sales of inve	ento	rv less						
	-0,	returns and allowa	ance	s	10a					
	b	Less: cost of good	s so	ld	10 b					
	_	Net income or (los	_		nvent					
	11	Miscellaneo AINSURANCE SETT				Business Code 524298	2,200,000	2,200,000		
	b	LOAN SCIENCE RE	EVEN	NUE		611710	537,878	537,878		
	6	MISCELLANEOUS	REV	ENUE		900099	16,002	16,002		
							<u> </u>			
		All other revenue								
	•	Total. Add lines 1	1a-:	11d		•	2,753,880			
_	12	Total revenue. S	ee ir	nstructions .		• • • •	160,940,145	2,769,601	4,108,753	66,941,627
	•						_	·		Form 990 (2019)

Form 990	(2019)				Page 10
Part IX	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co				· · ·
	Check if Schedule O contains a response or note to any	/ line in this Part IX			🗹
	nclude amounts reported on lines 6b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to domestic organizations and estic governments. See Part IV, line 21	38,381,383	38,381,383		
	nts and other assistance to domestic individuals. See	15,000	15,000		
gove	ots and other assistance to foreign organizations, foreign ernments, and foreign individuals. See Part IV, lines 15				
4 Bene	efits paid to or for members				
	pensation of current officers, directors, trustees, and employees	7,957,609		7,957,609	
defir	pensation not included above, to disqualified persons (as ned under section 4958(f)(1)) and persons described in ion 4958(c)(3)(B)				
7 Oth	er salaries and wages	14,555,372	4,642,863	9,912,509	
	sion plan accruals and contributions (include section 401 and 403(b) employer contributions)	257,763	53,137	204,626	
9 Othe	er employee benefits	4,274,556	1,172,394	3,102,162	
10 Payr	roll taxes	1,070,035	240,249	829,786	
11 Fees	for services (non-employees):				
a Man	agement				
b Lega		1,638,430	137,975	1,500,455	
c Acco	ounting	562,268		562,268	
	pying				
	essional fundraising services. See Part IV, line 17				
	stment management fees	8,608,733		8,608,733	_
g Othe	er (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule 0)	11,128,395	5,770,849	5,357,546	
	ertising and promotion	4,229,328	3,625,298	604,030	
	re expenses	94,843	29,473	65,370	
	rmation technology	1,742,435	127,955	1,614,480	
15 Roya	<u> </u>	27, 12, 100	12.7,500	2,62.1,166	
	<u> </u>	2,215,746	584,900	1,630,846	
	upancy	1,493,455	484,279	1,009,176	
	nents of travel or entertainment expenses for any ral, state, or local public officials	1,493,433	404,279	1,009,170	
	ferences, conventions, and meetings	167,249	74,810	92,439	
	rest	65,044	74,010	65,044	
	nents to affiliates	03,044		03,044	
,	reciation, depletion, and amortization	990,681	278,220	712,461	
	· ' ' - '	359,990	95,291	264,699	
24 Other	er expenses. Itemize expenses not covered above (List cellaneous expenses in line 24e. If line 24e amount eds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.)	533,536	33,231	204,033	
a DU	IES & ASSOCIATION FEES	333,968	174,655	159,313	
b SU	BSCRIPTIONS	313,612	89,201	224,411	
c EM	PLOYEE HOLIDAY PARTY	64,284	35,494	28,790	
d OF	FICE RELOCATION	1,888	0	1,888	
e All	other expenses	3,635	444	3,191	
25 Tota	al functional expenses. Add lines 1 through 24e	100,525,702	56,013,870	44,511,832	0
repo	it costs. Complete this line only if the organization rted in column (B) joint costs from a combined cational campaign and fundraising solicitation.				

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

1

Assets

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23

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25

26

27

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

50,501,511

24.868.813

13.448.000

13,265

3,762,674

1,561,258

16,740,514

5,689,779

55.472.590

1,503,971,323

1,503,971,323

1,559,443,913

Form 990 (2019)

(B)

End of year

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6 0

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Page **11**

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

Cash-non-interest-bearing
Savings and temporary cash investments
Pladges and grants receivable, not

2 3 Pledges and grants receivable, net . Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use . .

Prepaid expenses and deferred charges .

Investments—program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D

10b b Less: accumulated depreciation

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

4.505,498 742,824

Beginning of year

20,581,330

23.814.180

-121,558 3,987,104 218,218,903 905.203.058

195,964,523

1,972,096

25,775,837

15,341,667

22.973.093

5,303,502

43.618.262

1,351,777,211

1,351,777,211

1,395,395,473

1,395,395,473

11 218,908,693 1,042,245,882 12 13 199,286,258 14 15 4,847,559 16 1,559,443,913 17 15,536,369 18 17.505.928 19

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

STRADA EDUCATION NETWORK, INC. WAS INCORPORATED AS A 501(C)(3) ORGANIZATION. ADDITIONALLY, STRADA EDUCATION NETWORK, INC. IS A 509(A)(3)

SUPPORTING ORGANIZATION TO ROADTRIP NATION, LTD., COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING, AND DXTERA INSTITUTE, INC.

Software Version: **EIN:** 47-3044430

Name: STRADA EDUCATION NETWORK INC.

Form 990, Part III, Line 4a:

Form 990 (2019)

Form 990, Part III, Line 4b: STRADA EDUCATION NETWORK, INC. PROVIDES GRANTS TO PUBLIC CHARITIES, INCLUDING POSTSECONDARY EDUCATIONAL INSTITUTIONS, TO PURSUE THE MISSIONS OF ITS SUPPORTED ORGANIZATIONS, INCLUDING, WORK RESEARCH AND THE DELIVERY OF SERVICES IN FURTHERANCE OF "COMPLETION WITH A PURPOSE," DEFINED AS ENHANCING PREPARATION FOR, ACCESS TO, AND SUCCESS IN POSTSECONDARY EDUCATION, INCREASING THE PERCENTAGE OF STUDENTS WHO FINISH WHAT THEY

START IN COLLEGE OR OTHER POSTSECONDARY PROGRAMS, AND ENSURING A SMOOTHER TRANSITION FROM EDUCATION TO EMPLOYMENT IN THE 21ST CENTURY

GLOBAL WORKFORCE.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

ILENE NAGEL

BOARD MEMBER

JACK MARKELL

BOARD MEMBER

MARLENE COULIS

........ **BOARD MEMBER**

MARSHALL GRIGSBY

BOARD MEMBER

MICHAEL KING

BOARD MEMBER

MIRIAM STROUSE

BOARD MEMBER

		, ,						1 (1) 2 (4,000	(1) 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BLAKE DEVITT BOARD MEMBER	2.00	Х						89,545	0	0	
EDWARD SCHMIDT BOARD MEMBER	2.00	Х						97,675	0	0	
ERIK MORENO BOARD MEMBER	0.00	Х						77,000	0	0	
	2 00										

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86,000

57,250

80,000

88,275

87,000

77,000

		X	l		l 97,6751	
BOARD MEMBER	0.00				27,575	
ERIK MORENO	2.00	V			77.000	
BOARD MEMBER	0.00	Х			77,000	
ERNEST NEWBORN II	2.00	Х			77,946	
BOARD MEMBER	0.00	^			//,540	
ILENE NAGEL	2.00					

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(A) (B) (C) (D) (E) (F) Name and Title Reportable Estimated Average Position (do not check more Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) organizations any hours organization from the

and Independent Contractors

WILLIAM NEALE

BOARD MEMBER

WILLIAM HANSEN

PRESIDENT & CEO

EVP MISS ADV & PHIL

......

EVP LEGAL, GC & CORP SECRETARY

CAROL D'AMICO

ERIN ROTH

LARRY LUTZ

EVP, CORP DEV

MATTHEW B MURPHY III

EVP & CFO (THRU 4/30/19)

	any nours								organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
REV WILLIAM BEAUCHAMP BOARD MEMBER	0.00	Х						77,000	0	0
SUREEL CHOKSI BOARD MEMBER	2.00	Х						58,250	0	0
BOARD MEMBER	0.00		l		1	1	I			

SUREEL CHOKSI	2.00	v			58,250	0	
BOARD MEMBER	0.00	<			30,230	Ü	1
THOMAS MANGAS	2.00						
		Χ			88,186	0	
BOARD MEMBER	0.00				·		1
WADE DYKE	2.00						
WADE DIKE		X			59,203	0	
BOARD MEMBER	0.00	,,			05,200	Ĭ	

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78,186

1,637,005

624,519

536,714

600,835

462,351

0

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64,377

57,681

70,731

64,377

298,127

2.00

0.00

7.00 39.00

1.00 32.00

8.00

11.00 33.00

8.00

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

THOMAS R ERTEL

ANNE CALVERT

DALE ALLEN

DAVID CLAYTON

JESSICA HINKLE

SVP, CONSUMER INSIGHTS

SVP, STRATEGIC INVESTMENTS

LAWRENCE ALEXANDER MORRISON

SVP, STRAT. PSHIPS & SOLUTIONS

VP, BUDGETS, ANALYSIS & METRICS

......

PRESIDENT - DXTERA INSTITUTE, INC.

SVP & CAO

	for related organizations below dotted line)	0 =	Institutional Trustee	Offic	 Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SCOTT FLEMING	33.00				<u>.</u>				
EVP, CHIEF CPO	7.00			X			590,726	0	64,377
THOMAS DAWSON	32.00								
EVP & COO	8.00			X			622,113	0	46,677
LEONARD GURIN	40.00								

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0

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406,039

281,955

284,006

413,196

374,721

365,077

56,637

67,077

45,545

48,090

61,585

64,377

67,377

65,377

THOMAS DAWSON	32.00		Х			622,113	
EVP & COO	8.00		^			022,113	
LEONARD GURIN	40.00						
SVP INVESTMENTS				Х		351,557	
SVP INVESTMENTS	0.00						
MICHAEL AUSTIN	39.00						
	•••••			Χ		376,352	
SVP, OPER. PLANNING & ANALYSIS	1.00						

31.00

9.00

0.00

40.00 39.00

1.00 40.00

0.00

0.00

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and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless compensation amount of other hours per compensation

person is both an officer

from the

209,736

370,068

from related

compensation

63,182

0

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DARYL GRAHAM FORMER OFFICER	40.00						х	358,496	0	63,908
MARK PELESH	0.00						Х	387,441	0	5,624
FORMER OFFICER	0.00							307,111	9	3,021
STEPHEN C HAM	0.00									

................

................

0.00 40.00

0.00

FORMER OFFICER

TERRY HOLLOWAY

FORMER OFFICER

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934933210785						3493321078510			
	m 990	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) o empt charitable	organization or trust.	ort	2019
		the Treasury	▶ (Go to <u>www.irs</u>	s.gov/Form990 for i			ormation.	Open to Public Inspection
Name	e of th	ne Service ne organiza						Employer identific	·
STRAE	A EDU	CATION NETWO	ORK INC					47-3044430	
	rt I				us (All organization			See instructions.	
	rganız		•		e it is: (For lines 1 thro	•		(A)(:)	
1		·		,	ssociation of churches				
2	Ш				1)(A)(ii). (Attach Scl	,			
3	Ш	·		•	vice organization desc			•	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). Ei	nter the hospital's
5			tion operate iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
7				mally receives [vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	y trust desci	ibed in sectio	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				ege or university or a
10		from activit investment	ies related to income and	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11					d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12	✓	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	609(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а		organizatio	n(s) the pow		rated, supervised, or cappoint or elect a majo				
b	✓	manageme	nt of the sup		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio				ted with, its
d		Type III n functionally	on-function integrated.	ally integrate The organizatio	ions). You must com d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	• •
e	✓	Check this	oox if the org	anization recei	ved a written determir	nation from the I		pe I, Type II, Type II	functionally
f	Enter			,	integrated supporting	_		<u>.</u> <u>.</u>	
g		<u>de the follow</u> Name of supp	_	on about the su	upported organization((iii) Type of	Υ΄	anization listed	(v) Amount of	(vi) Amount of
	(1)	organization		(II) EIN	organization (described on lines 1- 10 above (see instructions))		ing document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
See	Additio	onal Data Tal	ole						
T . * . '	ı							10 470 447	74 200
Tota		work Pedus	3 tion Act Not	ica see the Ti	structions for	Cat. No. 11285	<u> </u>	12,472,147	74,390 90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for									
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)										
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17				
17 10	Investment income percentage for 201	-		-		17				
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•					
20	Private foundation. If the organization	-	-							
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖			

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of

Page 4

No

Yes

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

No

No

No

No

No

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

7

8

10a

answer line 10b below.

the organization had excess business holdings).

Yes No 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. No

1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

No the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b 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. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you No

checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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. 4c 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 5a amendment to the organizing document).

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? 5b

No 5c

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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.

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) . 7

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). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

9a 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.

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

	edule A (Form 990 or 990-E2) 2019		F	age :
Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) above: 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		No
	ection B. Type I Supporting Organizations	110		-110
	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
s	ection C. Type II Supporting Organizations		<u> </u>	
	// // // // // // // // // // // // //		Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		No
S	ection D. All Type III Supporting Organizations			
			Yes	No
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_	· · · · · · · · · · · · · · · · · · ·	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the	2		
•	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
L	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI. the role played by the organization in this regard. 			

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

115				
7 Total annual distributions. Add lines 1 through 6.				
nich the organization is respon	sive (provide			
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		
		ich the organization is responsive (provide		

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

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Fo	nedule A (Form 990 or 990-EZ) 2019 Page 8					
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informatic instructions).						
	Facts And Circumstances Test					
990 Schedu	990 Schedule A, Supplemental Information					
Return Reference Explanation						
SCHEDULE A, PART I, LINE 12G, STRADA EDUCATION NETWORK, INC. PROVIDED NON-MONETARY SUPPORT INCLUDING ADMINISTRATIVE,						

COLUMN (VI): ACC

OUNTING, AND LEGAL SERVICES TO DXTERA INSTITUTE, INC.

50 Schedule A, Supplemental Information				
Return Reference	Explanation			
SCHEDULE A, PART IV, SECTION A, LINE 1:	STRADA EDUCATION NETWORK, INC. DESIGNATES ITS SUPPORTED ORGANIZATIONS BY NAME AS WELL AS B Y CLASS OR PURPOSE. STRADA EDUCATION NETWORK, INC. NAMES ROADTRIP NATION, LTD. AS A SUPPOR TED ORGANIZATION IN ITS ARTICLES OF INCORPORATION. STRADA EDUCATION NETWORK, INC. ALSO DES IGNATES OTHER SUPPORTED ORGANIZATIONS BY CLASS OR PURPOSE. THESE ORGANIZATIONS ARE DESCRIB ED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND 501(A)(1) OR 509(A)(2) BY CLASS. ADDITIO NALLY, THE OTHER SUPPORTED ORGANIZATIONS AND THE SUPPORTING ORGANIZATION SHARE THE MISSION OF FURTHERING "COMPLETION WITH A PURPOSE," WHICH MEANS (I) ENHANCING PREPARATION FOR, ACC ESS TO, AND SUCCESS IN POSTSECONDARY EDUCATION, (II) INCREASING THE PERCENTAGE OF STUDENTS WHO FINISH WHAT THEY START IN COLLEGE OR OTHER POSTSECONDARY PROGRAMS, AND (III) ENSURING A SMOOTHER TRANSITION FROM EDUCATION TO EMPLOYMENT IN THE 21ST CENTURY GLOBAL WORKFORCE.			

990 Schedule A. Sunnlemental Information

50 Schedule A, Supplemental Information				
Return Reference	Explanation			
SCHEDULE A, PART IV, SECTION A, LINE 6:	STRADA EDUCATION NETWORK, INC. PROVIDES SUPPORT TO PUBLIC CHARITIES ON BEHALF OF ITS SUPPO RTED ORGANIZATIONS. SUPPORT IS GIVEN TO PUBLIC CHARITIES THAT FURTHER THE EXEMPT PURPOSE O F THE ORGANIZATION BY PROVIDING GRANTS TO POSTSECONDARY INSTITUTIONS TO PURSUE THE MISSION OF ITS SUPPORTED ORGANIZATIONS IN PREPAREDNESS, ACCESS AND SUCCESS IN HIGHER EDUCATION. S TRADA EDUCATION NETWORK, INC. ADDITIONALLY PROVIDED LIMITED MATCHING GRANT SUPPORT TO POST -SECONDARY EDUCATIONAL INSTITUTIONS AND OTHER PUBLIC CHARITIES TO WHICH ITS EMPLOYEES AND TRUSTEES ALSO DESIGNATED SUPPORT, AS WELL AS GRANT FUNDING TO PUBLIC CHARITIES OPERATING T O SUPPORT COMMUNITY SUPPORT NETWORKS AND VULNERABLE POPULATIONS IN THE COMMUNITIES WHERE S TRADA EDUCATION NETWORK, INC. MAINTAINS OPERATIONS.			

990 Schedule A. Supplemental Information

50 Schedule A, Supplemental Information					
Return Reference	Explanation				
SCHEDULE A, PART IV, SECTION C, LINE 1:	STRADA EDUCATION NETWORK, INC., THE PARENT AND SUPPORTING ORGANIZATION OF COUNCIL FOR ADUL T AND EXPERIENTIAL LEARNING, DXTERA INSTITUTE, INC. AND ROADTRIP NATION, LTD., WAS ORGANIZ ED TO OPERATE FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOS ES OF ITS SUPPORTED ORGANIZATIONS. COMMON SUPERVISION AND CONTROL ARE ESTABLISHED THROUGH STRADA EDUCATION NETWORK, INC. 'S OVERSIGHT AND DIRECTION OVER THE POLICIES, PROGRAMS, AND ACTIVITIES OF ITS SUPPORTED ORGANIZATIONS. THE BOARD OF STRADA EDUCATION NETWORK, INC. IS SOLELY RESPONSIBLE FOR THE ELECTION OF THE BOARD OF TRUSTEES OF COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING, DXTERA INSTITUTE, INC. AND ROADTRIP NATION, LTD., WHO THEN ELECT THE OFFICERS OF EACH SUPPORTED ORGANIZATION. THE MAJORITY OF THE BOARDS OF EACH OF THESE SUPPORT ED ORGANIZATIONS CONSIST OF TRUSTEES AND OFFICERS OF STRADA EDUCATION NETWORK, INC., INCLUDING A MAJORITY OF THE OFFICERS OF STRADA EDUCATION NETWORK, INC. THIS OVERLAP ENSURES A CLOSE AND CONTINUOUS WORKING RELATIONSHIP BETWEEN THE ORGANIZATIONS.				

990 Schedule A. Supplemental Information

Additional Data

Software ID:

Software Version:

EIN: 47-3044430

Name: STRADA EDUCATION NETWORK INC

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	Is the org listed in	(iv) (v) Is the organization listed in your support (see instructions)		(vi) Amount of other support (see instructions)
			Yes	No		
,						
,						
,						

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493321078510

OMB No. 1545-0047

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

2019

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	me of the organization ADDA EDUCATION NETWORK INC			1	mployer id	entification	number
•				4	7-3044430		
Pa	rt I Organizations Maintaining Donor Advi				Accounts.		
	Complete if the organization answered "Ye				(1) 5		
	Tatal number at and af year	(a) Dor	or advised funds		(b) Fund	ds 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 adviso organization's property, subject to the organization's ex						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for any other	purpose con			Yes ☐ No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990	, Part IV, line 7	7,			
1	Purpose(s) of conservation easements held by the organ						
	Preservation of land for public use (e.g., recreation	•		tion of an his	storically imp	ortant land a	area
	Protection of natural habitat	,,		tion of a cert			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	ation contribution	in the form		ation at the End o	of the Year
а	Total number of conservation easements			. 2	a		
b	Total acreage restricted by conservation easements			2	b		
С	Number of conservation easements on a certified histori	c structure includ	ed in (a)	. 2	С		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06	, and not on a his	storic 2	d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extin	guished, or termi	inated by the	organization	n during the	
4	Number of states where property subject to conservation	n easement is loc	ated ▶				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			handling of v	iolations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of	violations, and er	nforcing cons	ervation eas	ements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violat	ions, and enforci	ng conservat	ion easemen	its during the	e year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?	above satisfy the	requirements of	section 170(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the o					
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye				Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	education, or res	search in furt			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub 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, historic following amounts required to be reported under SFAS:	cal treasures, or o	ther similar asse	ts for financi	_	ide the	
а	Revenue included on Form 990, Part VIII, line 1	, ,	-		> \$_		
b	Assets included in Form 990, Part X				▶\$		
or	Paperwork Reduction Act Notice, see the Instruction					edule D (Fo	orm 990) 201

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, Hi	istori	cal T	reasu	ires, or Othe	er Similar As	sets (cont	inued)	
3		the organization's acq (check all that apply):		n, and other	r records, o	check a	any of	the fo	llowing that are	e a significant u	ise of its col	lection	
а		Public exhibition				d		Loan	or exchange p	rograms			
b		Scholarly research				e		Othe	r				
c		Preservation for future	e generations										
4	Provid Part >	de a description of the	organization's col	lections and	d explain h	ow the	ey furtl	ner the	e organization's	s exempt purpo	se in		
5		g the year, did the org s to be sold to raise fur									☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forn	n 990	, Part	IV, li	ne 9, or repo	rted an amou	nt on Forn	n 990,	Part
1a		e organization an agent led on Form 990, Part I									Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowing	table:			A	mount		_
c		ning balance		•		_			1c				
d	-	ions during the year .							1d				
е		butions during the year											_
f		g balance											_
2a	Did th	ne organization include	an amount on Fo	rm 990. Pai	rt X. line 2	1. for	escrow	or cu	stodial account	t liability?	☐ Yes		— Io
b		s," explain the arrange									_		. •
	rt V	Endowment Fund		· Oneck nor	C 11 C11C CX	pramaci		, Been	provided in ra				
		Complete if the or	ganization ansv	vered "Yes	" on Forn	n 990	, Part						
				(a) Currer	nt year	(b) P	rior yea	ır ı	(c) Two years ba	ck (d) Three yea	ars back (e)	Four yea	rs back
	_	ing of year balance .											
b	Contrib	outions											
С	Net inv	estment earnings, gair	ns, and losses										
d	Grants	or scholarships	•										
е		expenditures for facilitions of the second s	es										
f	Admini	strative expenses .											
g	End of	year balance											
2 a		de the estimated perce I designated or quasi-e	ndowment >	ent year end		(line 1g	g, colu	mn (a))) held as:				
b	Perma	anent endowment ►		••••••	•••••								
c	Temp	orarily restricted endo	wment >										
-	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%.								
3a	Are th	nere endowment funds	not in the posses	sion of the	organizatio	on that	t are h	eld an	d administered	for the			
	-	ization by:										Yes	No
		nrelated organizations		• • •			•				3a(i)		
h		elated organizations . s" on 3a(ii), are the re			required or	 n Sche	 Delub	,			3a(ii) 3b		
4		ibe in Part XIII the inte						•			35		
	rt VI	Land, Buildings,											
		Complete if the or			" on Forn	n 990	, Part	IV, li	ne 11a. See	Form 990, Pa	rt X, line 1	0.	
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost o	or other	basis (other)	(c) Accumulate	ed depreciation	(d) B	ook valu	e
1a	Land												
b	Buildin	gs											
		old improvements					2,19	91,682		223,577		:	1,968,105
		nent					2,20	09,540		487,964		:	1,721,576
							10	04,276		31,283			72,993

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,762,674

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on (a) Description of security or category	Form 990, Part IV, lii		, Part X, line 12.
(including name of security) (1) Financial derivatives		Cost or end-	of-year market value
(2) Closely-held equity interests			
(3) Other(A) FIXED INCOME: CORPORATE BONDS	104,651,224		F
(B) FIXED INCOME: ASSET-BACKED SECURITIES	32,456,188		F
(C) FIXED INCOME: MUNICIPAL BONDS	41,756,520		F
(D) EQUITY SECURITIES	120,650,988		F
(E) DIRECT INVESTMENTS - EQUITY	52,185,757		F
(F) DIRECT INVESTMENTS - DEBT	15,130,605		F
(G) PRIVATE EQUITY FUNDS	338,772,160		F
(H) PRIVATE CREDIT FUNDS	10,716,043		
(I) LLP & LLC'S/POOLED ACCOUNTS	325,926,397		F
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,042,245,882		·
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, lii	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
(1)INVESTMENT IN ROADTRIP NATION, LTD.		34,725,285	value F
(2)INVESTMENT IN INSIDE TRACK, INC.		22,691,737	F
(3)INVESTMENT IN STRADA SOLUTIONS, INC. (4)		141,869,236	F
(5)			
(6)			
(7)			
(8)			
(9)			
		400 000 050	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.	<u>▶</u>	199,286,258	
Complete if the organization answered 'Yes' on F (a) Description		e 11d. See Form 990, F	Part X, line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990 Part IV lin	e 11e or 11f See Forr	m 990 Part X line 25
1. (a) Description of		212 01 1111000 1 011	(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of	of the footnote to the or	ganization's financial sta	▶ 5,689,779 tements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC		=	· —

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	1			
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.))	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

FIXED INCOME: MUNICIPAL BONDS

DIRECT INVESTMENTS - EQUITY

LLP & LLC'S/POOLED ACCOUNTS

DIRECT INVESTMENTS - DEBT

PRIVATE EQUITY FUNDS

PRIVATE CREDIT FUNDS

EQUITY SECURITIES

Software ID: Software Version:

EIN: 47-3044430

Name: STRADA EDUCATION NETWORK INC

41,756,520

120,650,988

52,185,757

15,130,605

338,772,160

10,716,043

325,926,397

F

Form 990, Schedule D, Part VII - Investments Other Securities		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation: Cost or end-of-year market value
FIXED INCOME: CORPORATE BONDS	104,651,224	F
FIXED INCOME: ASSET-BACKED SECURITIES	32,456,188	F

Return Reference Explanation

PART X, LINE 2: PER THE CONSOLIDATED FINANCIAL STATEMENTS OF STRADA EDUCATION NETWORK, INC., "STRADA ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES ON A MORE-LIKELY-THAN-NOT CRITERION BASED ON THE POS

UIRE RECOGNITION OR DISCLOSURE AS OF DECEMBER 31, 2019 OR 2018."

ITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO UNCERTAINTIES THAT REQ

efi	le GRAPHIC prin	t - DO NOT	PROCESS	As Filed Data	•		DLN:	: 93493321078510			
(Form 990)			ement of	Activities (Outside the Un	tates	OMB No. 1545-0047				
			lete if the orgai	nization answered "	l5, or 16.	2019					
					to Form 990.	_					
	rtment of the Treasury	'	► Go to www.irs	s.gov/Form990 for i	nstructions and the latest i	nformatio	n.	Open to Public Inspection			
	e of the organization						Employer ider	ntification number			
STR	ADA EDUCATION NE	TWORK INC					47-3044430				
Pa		Information , Part IV, line		es Outside the U	Jnited States. Comple	te if the		inswered "Yes" on			
1	other assistance,	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 o award the grants or assistance?									
2	For grantmaker outside the Unite		Part V the or	ganization's proce	dures for monitoring the	use of i	ts grants and ot	her assistance			
3	Activites per Regio	on. (The followi	ng Part I, line 3	3 table can be dupli	cated if additional space is	needed.)				
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		program sp	vity listed in (d) is a n service, describe ecific type of e(s) in the region	(f) Total expenditures for and investments in the region			
	See Add'l Data										
	Sub-total			0 0				50,430,109			
	Total from continua Part I			0 0				0			
	Totals (add lines 3	a and 3b)	_	0 0			·	50,430,109			

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	TIV Foreign Forms		
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	□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)		
	Corporations. (See Instructions for Form 3471)	✓ Yes	□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	□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)		
	(see Instructions for Form 6665)	✓ 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	☑ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, lin amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III A	ACCOUNTING METHOD:	

Additional Data

CENTRAL AMERICA AND THE

CARIBBEAN

Software ID: Software Version:

EIN: 47-3044430

Name: STRADA EDUCATION NETWORK INC

20,304,167

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(†) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENI AND)			INVESTMENTS		17,733,674

INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) NORTH AMERICA INVESTMENTS 5.281.975 EAST ASIA AND THE PACIFIC INVESTMENTS 7,110,293

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

Open to Public Inspection

DLN: 93493321078510

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** STRADA EDUCATION NETWORK INC 47-3044430 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 116 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2019

(1) SENGLARSHII S	,	15,000		
(2)				
(3)				
(4)				

(5) (6)

15 000

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

(1) CCHOLADCHIDG

Part III

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

PART I, LINE 2: STRADA EDUCATION NETWORK, INC.'S GRANT-MAKING IS LIMITED TO THE 50 U.S. STATES AND THE DISTRICT OF COLUMBIA. STRADA EDUCATION NETWORK, INC. MONITORS THE USE OF GRANT FUNDS BY REQUIRING THE GRANTEE TO SEND IN A FINAL ACCOUNTING REPORT DESCRIBING HOW THE FUNDS WERE USED. THIS

OFFICERS PERFORM SITE VISITS OR ATTEND EVENTS THAT STRADA EDUCATION NETWORK, INC. HAS SPONSORED.

Schedule I (Form 990) 2019

Page 2

Additional Data

AMERICAN COUNCIL ON

1 DUPONT CIRCLE NW WASHINGTON, DC 20036

EDUCATION

Software ID: Software Version: EIN:

53-0196573

EIN: 47-3044430

Name: STRADA EDUCATION NETWORK INC

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

· orm opopositedate z, r are	and district	Ctile: Modistalice to	Donnestie Organiza	ciono ana poincoc			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF INDIANAPOLIS 1500 E MICHIGAN ST RM 8 INDIANAPOLIS, IN 46201	35-1813852	501(C)(3)	34,000				MATCHING GIFT; OPERATING GRANT

OPERATING GRANT

1,686,420

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) AMERICAN INDIAN COLLEGE 52-1573446 501(C)(3) 500.750 MATCHING GIFT:

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

241 18TH ST S STE 501 ARLINGTON, VA 22202

FUND 8333 GREENWOOD BLVD DENVER, CO 80221					OPERATING GRANT
AMERICAN SOCIETY OF TROPICAL MEDICINE AND HYGIENE	57-0408245	501(C)(3)	6,500		MATCHING GIFT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 86-6051042 501(C)(3) 17.500 DIRECTED GIFT ARIZONA STATE UNIVERSITY FOUNDATION

300 EAST UNIVERSITY DRIVE TEMPE, AZ 85281 ARTS COUNCIL OF 31-1225893 501(C)(3) 7.500 OPERATING GRANT INDIANAPOLIS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

924 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) ASPEN PREP ACADEMY 20-0896938 501(C)(3) 7.500l MATCHING GIFT

DIRECTED GIFT

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

5859 S UNIVERSITY BLV
GREENWOOD VILLAGE, C
80121

41-0969244

BENEDICT COLLEGE

1600 HARDEN STREET COLUMBIA, SC 29204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 501(C)(3) 25.000 OPERATING GRANT INDIANAPOLIS, IN 46202 BISHOP NOLL INSTITUTE 31-0973961 501(C)(3) 25.000 DIRECTED GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BIG BROTHERS BIG SISTERS	35-1323831
OF CENTRAL INDIANA INC	
1433 N MERIDIAN ST	
	ı

FOUNDATION INC 1519 HOFFMAN STREET HAMMOND, IN 46327

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ING GRANT

MATCHING GIFTS

BOTTOM LINE 50 MILK STREET 16TH FLOOR	04-3351427	501(C)(3)	25,000		OPERATIN
BOSTON, MA 02109					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1501 WEST BRADLEY AVENUE

PEORIA, IL 61625

BRADLEY UNIVERSITY 37-0661494 501(C)(3) 65.000 DIRECTED AND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BRAVEN INC 46-4340594 501(C)(3) 625.000 OPERATING GRANT 171 N ABERDEEN ST FLOOR

171 N ABERDEEN ST FLOOR
4R
CHICAGO, IL 60607

BRIGHAM YOUNG UNIVERSITY 87-0217280 501(C)(3) 70,000

DIRECTED GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PUBLIC MGMT PROVO, UT 84602

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 05-0258809 501(C)(3) 6.500 BROWN UNIVERSITY IDIRECTED AND 350 EDDY ST 4TH FLOOR BOX IMATCHING GIFTS 1873

PROVIDENCE, RI 02903

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS, IN 46208

BUTLER UNIVERSITY 35-0867977 501(C)(3) 78.750 DIRECTED AND 4600 SUNSET AVENUE IMATCHING GIFTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ED GIFT

CARLETON COLLEGE 1 N COLLEGE ST NORTHFIELD, MN 55057	41-0694747	501(C)(3)	15,000		DIRECTED GIFT
CARLTHORP SCHOOL	95-3512203	501(C)(3)	12,000		MATCHING GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

438 SAN VICENTE BLVD SANTA MONICA, CA 90402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CATHEDRAL HIGH SCHOOL 35-6254955 501(C)(3) 5.800 DIRECTED AND 5225 E 56TH ST IMATCHING GIFTS INDIANAPOLIS, IN 46226 CENTER FOR LEADERSHIP 35-1389882 501(C)(3) 520.500 DIRECTED GIFT: OPERATING GRANT DEVELOPMENT

2425 DR MARTIN LUTHER KING IR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1793680 501(C)(3) 7.125 MATCHING: DIRECTED: CENTRAL INDIANA COMMUNITY FOUNDATION INC. OPERATING GRANT

615 N ALABAMA ST SUITE 119 INDIANAPOLIS, IN 46204 CHRISTEL HOUSE ACADEMY 02-0550824 501(C)(3) 10.000 IOPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS, IN 46225

INC 2717 S FAST STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government COLLEGE UNBOUND 46-2470807 501(C)(3) 15.000l DIRECTED GIFT 325 PUBLIC ST

PROVIDENCE, RI 02905

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80235

COLORADO ACADEMY 84-0421874 501(C)(3) 7.500 l IMATCHING GIFT

3800 S PIERCE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COLUMBIA BUSINESS SCHOOL 13-5598093 501(C)(3) 10.000 DIRECTED GIFT 33 W 60TH STREET 7TH

FLOOR
NEW YORK, NY 10023

COMMUNITY COLLEGE OF 05-0394214 501(C)(3) 498,750

RHODE ISLAND FOUNDATION

OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

400 EAST AVENUE WARWICK, RI 02865

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 32-0344245 501(C)(3) 90.500 DIRECTED AND CONGREGATION OF HOLY CROSS US PROVINCE INC. MATCHING GIFTS

PO BOX 774 NOTRE DAME, IN 46556					TINTOTING OF 13
COOPERATIVE FOR EDUCATION 2300 MONTANA AVE SUITE	31-1545464	501(C)(3)	7,500		DIRECTED GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

301

CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 13-2890752 501(C)(3) 56,352 COUNCIL FOR ADULT AND OPERATING GRANT EXPERIENTIAL LEARNING 55 E MONROE CHICAGO, IL 60603 35-0867962 501(C)(3) 10.400 MATCHING GIFT:

CROSSROADS OF AMERICA
COUNCIL BOY SCOUTS OF
AMERICA
7125 FALL CREEK ROAD
NORTH
INDIANAPOLIS, IN 46256

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1833180 501(C)(3) 6.500 DAMAR GUILD INC IMATCHING: DIRECTED:

6067 DECATUR BOULEVARD IOPERATING GRANT INDIANAPOLIS, IN 46142 DC GRAYS BASEBALL 45-2797475 501(C)(3) 25.000l OPERATING GRANT

1800 M ST NW STF 500 SO TOWER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-1372435 501(C)(3) 50.000 DELAWARE STATE UNIVERSITY IDIRECTED GIFT FOUNDATION INC 1200 N DUPONT HWY DOVER, DE 19901

DIRECTED GIFT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

DRAKE UNIVERSITY

2507 UNIVERSITY DES MOINES, IA 50311 42-0680460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

EDUCATION ASSISTANCE FUND 7371 MOUNTCALM DR	20-2126318	501(C)(3)	9,000		DIRECTED GIFT
MCLEAN, VA 22102					

AND MATCHING GRANT

501(C)(3) EDUCATION AT WORK INC. 45-4065038 15.857.962 LOAN FORGIVENESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2300 WALL STREET SUITE R

CINCINNATI, OH 45212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EMPARC INC 27 2452102 E01(C)(2) 70 000 DIRECTED AND

PO BOX 221450 CHICAGO, IL 60622	27-3453182	501(C)(3)	70,000		MATCHING; OPERATING
EVANGEL UNIVERSITY	44-0589787	501(C)(3)	15,000		DIRECTED GIFT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GIFT 1111 NORTH GLENSTONE AVENUE SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 74-3154037 501(C)(3) 10,000 MATCHING GIFT FAITH HOPE & LOVE

OPERATING GRANT

INDIANAPOLIS, IN 46208				
COMMUNITY INC 1100 WEST 42ND STREET				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS

INDIANAPOLIS, IN 46244

PO BOX 441367

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FATHERS AND FAMILIES 35-2069047 501(C)(3) 10.000 OPERATING GRANT RESOURCERESEARCH CENTER 2835 N ILLINOIS ST

DIRECTED GIFT

2835 N ILLINOIS ST
INDIANAPOLIS, IN 46208

FRED HUTCHINSON CANCER 23-7156071 501(C)(3) 20,000
RESEARCH CENTER

1100 FAIRVIEW AVE N SEATTLE, WA 98109

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GEORGETOWN UNIVERSITY 53-0196603 501(C)(3) 45.000l DIRECTED AND IMATCHING GIFTS

37TH AND O STREETS NW WASHINGTON, DC 20057

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80220

GRALAND COUNTRY DAY 84-0402699 501(C)(3) 40.000 IMATCHING GIFT 55 CLERMONT ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1109966 501(C)(3) 10.000 OPERATING GRANT GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 F WASHINGTON ST

IOPERATING GRANT

375.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

INDIANAPOLIS, IN 46204
HAWAII COMMUNITY
FOUNDATION

827 FORT STREET MALL HONOLULU, HI 96813 99-0261283

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 33-0522270 501(C)(3) 25.500 HERMOSA BEACH EDUCATION IDIRECTED AND FOUNDATION IMATCHING GIFTS

DIRECTED AND

IMATCHING GIFTS

PO BOX 864 HERMOSA BEACH, CA 90254 20-3094377 HOPE ACADEMY

8102 CLEARVISTA PKWY

INDIANAPOLIS, IN 46256

501(C)(3) 11.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HORIZONS AT ST RICHARD'S 35-6007169 501(C)(3) 20.000 DIRECTED GIFT EPISCOPAL SCHOOL 33 F 33RD ST MATCHING GIFT

INDIANAPOLIS, IN 46205 I HAVE A DREAM FOUNDATION 74-2497109 501(C)(3) 21.839 - COLORADO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1836 GRANT ST DENVER, CO 80203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) IMANI AID INC 27-3473768 501(C)(3) 13.650 MATCHING AND PO BOX 40111 DIRECTED GIFTS 35-0411610 501(C)(6) 7.500l OPERATING GRANT

INDIANAPOLIS, IN 46240 INDIANA CHAMBER OF COMMERCE 115 W WASHINGTON STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STF 850S INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 35-6000158 501(C)(5) 1.000.000 INDIANA DEPARTMENT OF OPERATING GRANT WORKFORCE DEVELOPMENT

10 N SENATE AVENUE ROOM 203 INDIANAPOLIS, IN 46204 501(C)(3) 10,000 INDIANA INTERNNET 30-0279390 OPERATING GRANT INCORPORATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

115 W WASHINGTON STREET SUITE 850S INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) INDIANA LATINO INSTITUTE 26-0036285 501(C)(3) 250.000 OPERATING GRANT 401 W MICHIGAN ST SUITE

100 INDIANAPOLIS, IN 46202 35-6018940 501(C)(3) 142.100 DIRECTED AND INDIANA UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BLOOMINGTON, IN 47402

FOUNDATION IMATCHING GIFTS PO BOX 500

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) TNIDTANIA LINIT//EDCITY_DIIDDIIE 25-6001672 E01/C)/2) 15 0001 DIRECTED GIFT

UNIVERSITY INDIANAPOLIS 301 UNIVERSITY BLVD INDIANAPOLIS, IN 46202	33-0001073	301(0)(3)	13,000		DIRECTED GITT
INDIANAPOLIS INDIANS	83-2918701	501(C)(3)	500,000		OPERATING GRANT

COMMUNITY FUND INC 501 W MARYLAND ST INDIANAPOLIS, IN 46225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1405179 501(C)(3) 10,000 INDIANAPOLIS OPERA IOPERATING GRANT

INDIANAPOLIS, IN 46205				
4011 N PENNSYLVANIA ST				
COMPANY				

777 INDIANA AVENUE INDIANAPOLIS, IN 46202

35-6060655 501(C)(3) 50.0001 IOPERATING GRANT INDIANAPOLIS URBAN LEAGUET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) INSTITUTE FOR DOCTORAL 20-4984268 501(C)(3) 7,500 DIRECTED GIFT

STUDIES IN THE VISUAL ARTS 795 CONGRESS ST PORTLAND, ME 04102					
IOWA STUDENT LOAN	42-1137531	501(C)(3)	125,000		OPERATING

WEST DES MOINES, IA 50266

NG GRANT LIQUIDITY CORP 6775 VISTA DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(3) 21.000 IVY ENDOWMENT INC 31-0962055 IMATCHING GIFT PO BOX 88474

INDIANAPOLIS, IN 46208

JACKIE ROBINSON 13-2896345 501(C)(3) 842,500 DIRECTED GIFT;
FOUNDATION INC OPERATING GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1999 AVENUE OF THE STARS LOS ANGELES, CA 90067

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government IDRE 23-1907729 501(0)(3) 31 370 MATCHING: DIRECTED: GRANT

10401 N MERIDIAN SUITE 150 INDIANAPOLIS, IN 46290	23 1307723	301(0)(3)	31,370		OPERATING G
JEFFERSON EDUCATION	82-3654516	501(C)(3)	500,000		OPERATING G

ARLINGTON, VA 22202

GRANT EXCHANGE INC 1405 S FERN ST 154

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JEWISH FEDERATION OF 51-0064315 501(C)(3) 7.095 MATCHING GIFT DELAWARE INC 101 GARDEN OF EDEN RD WILMINGTON, DE 19803

MATCHING AND

DIRECTED GIFTS

8.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

35-0888017

JEWISH FEDERATION OF GREATER INDIANAPOLIS INC

6705 HOOVER ROAD INDIANAPOLIS, IN 46260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) JOHNS HOPKINS UNIVERSITY 23-7424444 501(C)(3) 9,667 MATCHING GIFT

3910 KESWICK ROAD NO N4327B BALTIMORE, MD 21211					
JUNIOR ACHIEVEMENT OF CENTRAL INDIANA 8395 KEYSTONE CROSSING	35-1003695	501(C)(3)	15,150		MATCHING GIFT; OPERATING GRANT

INDIANAPOLIS, IN 46240

SUITE 102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 24-0795445 501(C)(3) 10.000 DIRECTED GIFT LEHIGH UNIVERSITY 306 S NEW STREET SUITE 500

BETHLEHEM, PA 18015 MANHATTAN BEACH 95-3881166 501(C)(3) 25.000l DIRECTED GIFT EDUCATION FOUNDATION 325 S PECK AVE

MANHATTAN BEACH, CA 90266

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-0868175 501(C)(3) 52.800 MARIAN UNIVERSITY INC IDIRECTED AND 3200 COLD SPRING ROAD IMATCHING GIFTS OPERATING GRANT

INDIANAPOLIS, IN 46222 MARTIN LUTHER KING 23-7415846 501(C)(3) 10.000 COMMUNITY CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

40 W 40TH ST

INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-0970262 501(C)(3) 20.000 DIRECTED GIFT MARTIN UNIVERSITY INC 2186 N SHERMAN DRIVE INDIANAPOLIS, IN 46218

INDIANAPOLIS, IN 46218

MARYVALE PREPARATORY 27-3289377 501(C)(3) 9,999

ACADEMY 4801 E WASHINGTON ST STE 250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PHOENIX, AZ 85034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MERIT AMERICA 27-3238471 501(0)(3) 500 0001 IOPERATING GRANT

MILANA LININGER CITY	24 4402000				l
SUITE 700 WASHINGTON, DC 20005					
ONE THOMAS CIRCLE NW	2, 32301,1]	300,000		01 210 (11

OXFORD, OH 45056

DIRECTED AND MIAMI UNIVERSITY 31-6402089 501(C)(3) 6.0701 725 E CHESTNUT ST IMATCHING GIFTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 95-1525814 501(C)(3) 15.000l MATCHING GIFT MUSIC ACADEMY OF THE WEST

1070 FATRWAY RD SANTA BARBARA, CA 93108 NATIONAL COUNCIL FOR 75-1721671 501(C)(3) 25.000 OPERATING GRANT ADOPTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

225 N WASHINGTON STREET ALEXANDRIA, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7391796 501(C)(3) 650.000 NATIONAL GOVERNORS IOPERATING GRANT ASSOCIATION

IOPERATING GRANT

250.000

444 N CAPITOL ST STE 267
WASHINGTON, DC 20001
NATIONAL URBAN LEAGUE

80 PINE STREET NEW YORK, NY 10005

13-1840489

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **NEW PROFIT** 04-3396766 501(C)(3) 1.000.000 OPERATING GRANT 225 FRANKLIN STREET SUITE

350 BOSTON, MA 02110 PENDLETON HEIGHTS HIGH 35-1114508 501(C)(3) 6.600 MATCHING GIFT SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 ARABIAN DRIVE PENDLETON, IN 46064

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-4326249 501(C)(3) 6.000 PURPLE MAIA FOUNDATION IOPERATING GRANT

98-820 MOANALUA ROAD 15-547 AIEA. HI 96701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASHLAND, VA 23005

RANDOLPH-MACON COLLEGE 54-0505940 501(C)(3) 16.362 DIRECTED AND PO BOX 5005 IMATCHING GIFTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 26-3889207 501(C)(3) 7,733,637 ROADTRIP NATION LTD LOAN FORGIVENESS 1626 PLACENTIA AVE AND MATCHING GRANT COSTA MESA, CA 92627

COSTA MESA, CA 92627

SALVATION ARMY INDIANA 36-2167910 501(C)(3) 6,183

DIVISION 3100 N MERIDIAN ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-1205087 501(C)(3) 6.000 MATCHING GIFT SANIBEL CAPTIVA CONSERVATION FOUNDATION

PO BOX 839
SANIBEL, FL 33957

SPELMAN COLLEGE 58-0566243 501(C)(3) 15,000

DIRECTED GIFT 350 SPELMAN LANE SW BOX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1551

ATLANTA, GA 30314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 04-2104329 501(C)(3) 7.500l DIRECTED GIFT SPRINGETELD COLLEGE

DIRECTED GIFTS

SPRINGFIELD COLLEGE 04-2104329 501(C)(3) 7,500

263 ALDEN STREET

SPRINGFIELD, MA 01109

ST MARIA GORETTI SCHOOL 35-1950891 501(C)(3) 6,200

MATCHING AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

17104 SPRING MILL RD WESTFIELD, IN 46074

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government NG GIFT

MATCHING GIFTS

ST VINCENT FOUNDATION 8402 HARCOURT RD STE 210 INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	10,000		MATCHING GIFT
SUSQUEHANNA UNIVERSITY	23-1353385	501(C)(3)	40,000		DIRECTED AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

514 UNIVERSITY AVENUE

SELINSGROVE, PA 17870

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 15-0532081 501(C)(3) 27,500 DIRECTED GIFT SYRACUSE UNIVERSITY **GIFT**

SYRACUSE, NY 13244					
TABERNACLE PRESBYTERIAN CHURCH 418 F 34TH ST	35-0942650	501(C)(3)	6,700		MATCHING G

INDIANAPOLIS, IN 46205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE FIELD SCHOOL 52-0960218 501(C)(3) 110.000 DIRECTED AND 2301 FOXHALL ROAD NW IMATCHING GIFTS WASHINGTON, DC 20007 THE KEARNS PRIZE 83-2311802 501(C)(3) 510.000 DIRECTED GIFT:

WASHINGTON, DC 20007

THE KEARNS PRIZE 83-2311802 501(C)(3) 510,000

DIRECTED GIFT;
OPERATING GRANT SUITE 1100
1100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1984494 501(C)(3) 40.000 THE NEW YORK OPPORTUNITY OPERATING GRANT: NETWORK DIRECTED AND 85 BROAD ST 6TH FLOOR MATCHING

85 BROAD ST 6TH FLOOR
NEW YORK, NY 10004

THE SCHOLARSHIP 43-6031234 501(C)(3) 10,000

FOUNDATION OF ST LOUIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6825 CLAYTON AVENUE ST LOUIS, MO 63139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 41-1750692 501(C)(3) 492.850 OPERATING GRANT THURGOOD MARSHALL COLLEGE FUND 901 F ST NW STF 300 WASHINGTON, DC 20004

DIRECTED GIFTS

TRADERS POINT CHRISTIAN 35-2004115 501(C)(3) 18.500 MATCHING AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ACADEMY 6600 S INDIANAPOLIS RD

WHITESTOWN, IN 46075

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

INDIANAPOLIS, IN 46208

TRINITY WASHINGTON UNIVERSITY 125 MICHIGAN AVE NE WASHINGTON, DC 20017	53-0196640	501(C)(3)	10,000		DIRECTED GIFT
UNITED NEGRO COLLEGE FUND 3738 N MERIDIAN ST SUITE 507	13-1624241	501(C)(3)	667,550		MATCHING; DIRECTED; OPERATING GRANT

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

UNITED WAY OF CENTRAL INDIANA	35-1007590	501(C)(3)	157,885		MATCHING; DIRECTED; OPERATING GRANT
2955 N MERIDIAN ST SUITE 300 INDIANAPOLIS, IN 46208					

35-0868188 501(C)(3) 50,000 DIRECTED AND UNIVERSITY OF NOTRE DAME DU LAC IMATCHING GIFTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1100 GRACE HALL NOTRE DAME, IN 46556

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF 23-1352685 501(C)(3) 95,833 DIRECTED AND MATCHING GIFTS PENNSYLVANIA

BOX 7458 AUSTIN, TX 78713

2929 WALNUT STREET SUITE 300 PHILADELPHIA, PA 19104					
UNIVERSITY OF TEXAS AT AUSTIN UNIVERSITY DEVELOPMENT OFFICE PO	74-6000203	501(C)(3)	10,200		DIRECTED GIFT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 87-6000525 501(C)(3) 7,500 DIRECTED GIFT UNIVERSITY OF UTAH

201 PRESIDENTS CIR RM 411 SALT LAKE CITY, UT 84112					
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION GIFT PROCESSING SERVICES PO BOX 400331	54-0485595	501(C)(3)	7,500		MATCHING GIFT

CHARLOTTESVILLE, VA 22904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY OF VIRGINIA 54-2009312 501(C)(3) 50.000 DIRECTED GIFT COLLEGE

BICENTENNIAL SCHOLARS FUND CHARLOTTESVILLE, VA 22904					
UNIVERSITY OF WISCONSIN FOUNDATION	39-0743975	501(C)(3)	28,000		DIRECTED AND MATCHING GIFTS

1848 UNIVERSITY AVENUE MADISON, WI 53726

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government WALE FOR FOT LINE (FROTT) EC 0533430 E04/01/01 45 000 DIRECTED GIFT

1834 WAKE FOREST ROAD WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	15,000		DIRECTED GIFT
WGU ADVANCEMENT	82-4547364	501(C)(3)	10,000		DIRECTED GIFT

4001 S 700 E STE 700 SALT LAKE CITY, UT 84107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 35-0888771 501(C)(3) 5,400 MATCHING AND WHEELER MISSION MINICEDIEC DIRECTED GIFT

205 E NEW YORK ST INDIANAPOLIS, IN 46204					DIRECTED GIFT
WORCESTER COMMUNITY	04-2382160	501(C)(3)	7,800		MATCHING GIFT

ACTION COUNCIL INC 484 MAIN ST STE 200

WORCESTER, MA 01608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 22-3248067 501(C)(3) 13.500 DIRECTED AND WORCESTER STATE UNIVERSITY IMATCHING GIFTS

486 CHANDLER STREET
WORCESTER, MA 01602

YOUTH FOR TOMORROW
C/O UNIVERSITY
ADVANCEMENT 1400
EAST HANNA AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BRISTOW, VA 20136

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49332	21078	510
Sch	nedule J	C	ompensati	ion Information	OI	ИВ No.	1545-0	0047
(For	m 990)	For certain Offic	hest					
		► Complete if the ore		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)
D	to the Towns		► Attach	to Form 990. instructions and the latest inforn) Dpen i		
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.go</u>	101	mistructions and the latest mion	ilation.		ectio	
	me of the organiza ADA EDUCATION NE				Employer identifica	tion nu	ımber	
					47-3044430			
Pa	rt I Questi	ons Regarding Compensa	ation				T	
1 a				the following to or for a person liste y relevant information regarding the			Yes	No
		s or charter travel		Housing allowance or residence for				
		companions		Payments for business use of perso	•			
	☐ Tax idem	nification and gross-up paymen	ts 🔽	Health or social club dues or initiation	on fees			
	Discretion	nary spending account		Personal services (e.g., maid, chauf	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked on Lir	ne 1a? . .			
3	organization's C	EO/Executive Director. Check a	ill that apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant	$\overline{\checkmark}$	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b	Yes	
С				nsation arrangement? Dicable amounts for each item in Part		4c		No
_), 501(c)(4), and 501(c)(29		must complete lines 5-9. the organization pay or accrue any				
5		ontingent on the revenues of:		the organization pay of accrue any				
а	The organization	1?				5a		No
b	Any related orga	anization?				5b		No
	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section on tingent on the net earnings o		the organization pay or accrue any				
a	=	1?				6a		No
b	,					6b		No
7	· ·	6a or 6b, describe in Part III.	on A line to did	the organization provide any nonfixe	d			
,	payments not de	escribed in lines 5 and 6? If "Ye	es," describe in Pa	rt III .	u · · · ·	7	Yes	
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do				
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For F	Panerwork Redu	ction Act Notice, see the In	structions for Fo	orm 990 Cat No 5	50053T Schedule J		990)	2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII

Note. The sum of c	columns (B)(i)-(iii) for each listed individual must equal the	tota	1						
	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	Compensation i
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data	a Table								
		t							
		T							
		\dagger							
			ı	<u> </u>		L		Schedule J (Fo	orm 990) 2019

Schedule J (Form 990) 2019

PART I, LINE 7:

PART I, LINE 4B:

ELIGIBLE EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN UNDER CODE SECTION 457(F). ANY AMOUNTS ULTIMATELY PAID UNDER THE PLAN TO AN ELIGIBLE EMPLOYEE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO PAYMENTS WERE MADE UNDER THE PLAN DURING CALENDAR YEAR 2019. ALL OFFICERS AND ALL EMPLOYEES OF THE COMPANY PARTICIPATE IN THE "EMPLOYEE INCENTIVE PLAN." ANNUAL PAYMENTS ARE BASED ON OVERALL CORPORATE PERFORMANCE IN THE ACCOMPLISHMENT OF THE CORPORATE OBJECTIVES, AS EVALUATED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND INDIVIDUAL PERFORMANCE. THE AMOUNT OF THE PAYMENT IS A PERCENTAGE OF ANNUAL SALARY, VARYING BY THE SALARY GRADE OF THE

OF THEIR POSITION OR IF A MEDICAL CONDITION EXISTS WHICH REOUIRES THE NEED FOR AN UPGRADE, DURING 2019, FOUR BOARD MEMBERS USED FIRST CLASS TRAVEL. 2. TRAVEL FOR COMPANIONS - TRAVEL FOR COMPANIONS INCLUDES FOOD AND ENTERTAINMENT OF BOARD MEMBERS' SPOUSES ON BOARD RETREATS. THE AMOUNTS ATTRIBUTABLE TO EACH SPOUSE ARE CONSIDERED TAXABLE INCOME TO THE BOARD MEMBER. DURING 2019, SIX BOARD MEMBERS RECEIVED THIS BENEFIT FOR TRAVEL FOR COMPANIONS, 3. HEALTH OR SOCIAL CLUB DUES - STRADA EDUCATION NETWORK, INC. MAY REIMBURSE EACH OFFICER UP TO A MAXIMUM OF \$250 PER CALENDAR YEAR FOR THE COST OF (I) EXERCISE EQUIPMENT PURCHASED DURING THE APPLICABLE CALENDAR YEAR AND/OR (II) A HEALTH OR FITNESS CLUB MEMBERSHIP. ALL REIMBURSEMENTS ARE CONSIDERED TAXABLE INCOME TO THE EMPLOYEE. DURING 2019, THREE

Page 3

Schedule J (Form 990) 2019

OFFICERS RECEIVED REIMBURSEMENT FOR HEALTH OR SOCIAL CLUB DUES.

INDIVIDUAL POSITION. THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENTS, AND SENIOR VICE PRESIDENTS OF THE COMPANY PARTICIPATE IN THE "LONG TERM INCENTIVE PLAN." ANNUAL PAYMENTS ARE BASED ON OVERALL CORPORATE PERFORMANCE IN THE ACCOMPLISHMENT OF THE CORPORATE OBJECTIVES. AS EVALUATED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE AMOUNT OF THE PAYMENT IS A PERCENTAGE OF ANNUAL SALARY, VARYING BY THE SALARY GRADE OF THE INDIVIDUAL POSITION.

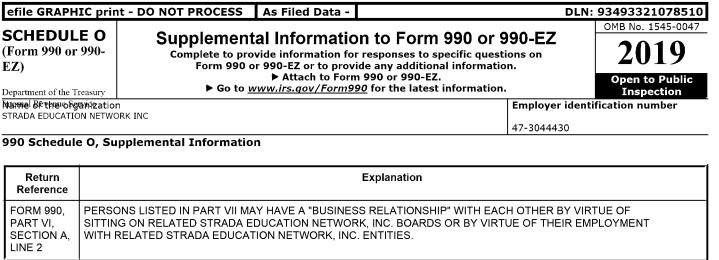
Software ID: Software Version:

EIN: 47-3044430

Name: STRADA EDUCATION NETWORK INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	₃ J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISG	(iii)	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
			Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
1WILLIAM HANSEN PRESIDENT & CEO	(i)	637,999	977,581	21,425	30,200	34,177	1,701,382	0
	(ii)	0	0	0	0	0	0	0
1CAROL D'AMICO EVP MISS ADV & PHIL	(i) (ii)	292,743 0	309,449	22,327	30,200 	27,481 	682,200	0
2 ERIN ROTH EVP LEGAL, GC & CORP SECRETARY	(i)	314,344	198,998	23,372	30,200	40,531	607,445	0
3LARRY LUTZ	(ii) (i)	0 295,122	0	0	0	0	0	0
EVP, CORP DEV	(ii)	293,122	272,979 	32,734 	30,200 	34,177 0	665,212 0	
4MATTHEW B MURPHY III	(i)	261,953	178,626	21,772	263,950	34,177	760,478	0
EVP & CFO (THRU 4/30/19)	(ii)	0	0	0	0	0	0	0
5 SCOTT FLEMING EVP, CHIEF CPO	(i)	295,121	272,979	22,626	30,200	34,177	655,103	0
CTUOMAS DAVISON	(ii)	0	0	0	0	0	0	0
6THOMAS DAWSON EVP & COO	(i) (ii)	302,999 	297,898	21,216	30,200	16,477	668,790 	0
7 LEONARD GURIN	(i)	213,185	116,539	21,833	29,156	27,481	408,194	0
SVP INVESTMENTS	(ii)	0	0	0	0	0	0	0
8MICHAEL AUSTIN SVP, OPER. PLANNING &	(i)	236,844	116,933	22,575	30,200	36,877	443,429	0
ANALYSIS	(ii)	0	0	0	0	0	0	0
9THOMAS R ERTEL SVP & CAO	(i)	246,919	134,651	24,469	30,200	15,345	451,584	0
	(ii)	0	0	0	0	0	0	0
10ANNE CALVERT VP, BUDGETS, ANALYSIS & METRICS	(i)	203,939	59,750	18,266	26,567 	21,523	330,045	0
11DALE ALLEN	(ii) (i)	222,550	0	0	0	0	0	0
PRESIDENT - DXTERA	(ii)	222,550	44,106	17,350	27,314	34,271	345,591 	0
12DAVID CLAYTON	(i)	264,545	128,399	20,252	30,200	34,177	477,573	0
SVP, CONSUMER INSIGHTS	(ii)	0					.,,,,,,	
13JESSICA HINKLE	(i)	252,699	99,942	22,080	30,200	37,177	442,098	0
SVP, STRATEGIC INVESTMENTS	(ii)	0		0	0	0		0
14 LAWRENCE ALEXANDER	(i)	249,852	93,426	21,799	30,200	35,177	430,454	0
MORRISON	(ii)	0	0	0	0	0	0	0
15DARYL GRAHAM FORMER OFFICER	(i)	216,080	123,703	18,713	28,947	34,961	422,404	0
TOWNER OF FEER	(ii)	0	0	0	0	0	0	0
16MARK PELESH FORMER OFFICER	(i)	13,327	333,308	40,806	5,624	0	393,065	0
	(ii)	0	0	0	0	0	0	0
17STEPHEN C HAM FORMER OFFICER	(i)	0	209,736	0	0	0	209,736	0
18TERRY HOLLOWAY	(ii)	0	0	0	0	0	0	0
FORMER OFFICER	(i)	210,444	137,206	22,418	29,005 	34,177	433,250	0
	(ii)	0	0	0	0	0	0	0



Return Explanation

Reference

FORM 990,	AS A DELAWARE NON-PROFIT ORGANIZATION, THIS CORPORATION HAS INDIVIDUALS AS ITS MEMBERS THAT SERVE
PART VI,	AS ITS BOARD OF TRUSTEES.
SECTION A,	
LINE 6	

Return Explanation
Reference

FORM 990,	ONCE THE FORM 990 IS PREPARED BY THE COMPANY, WITH ASSISTANCE FROM THE EXTERNAL TAX ACCOUN
PART VI,	TING FIRM, THE FORM AND ALL APPLICABLE SCHEDULES ARE PROVIDED TO THE FINANCE AND AUDIT COM
SECTION B,	MITTEE OF THE BOARD OF TRUSTEES FOR REVIEW. AFTER THE FINANCE AND AUDIT COMMITTEE HAS COMP
LINE 11B	LETED THEIR REVIEW, THE FORM AND ALL APPLICABLE SCHEDULES ARE PROVIDED TO THE FULL BOARD I
	N ADVANCE OF THE FORM BEING FILED WITH THE IRS, ALLOWING TIME FOR REVIEW AND COMMENT BY TH
	E FULL BOARD.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, A CONFLICT OF INTEREST AND DISCLOSURE QUESTIONNAIRE IS REQUIRED TO BE COMPLETED BY ALL EMPLOYEES. THE PURPOSE OF THE QUESTIONNAIRE IS TO SOLICIT INFORMATION ABOUT RELATIO NSHIPS THAT MAY CONSTITUTE A POTENTIAL CONFLICT OF INTEREST. EACH MEMBER OF THE BOARD OF T RUSTEES SIGNS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT THAT DISCLOSES ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AS SET FORTH IN THE APPROVED CONFLICT OF INTEREST POLICY FOR TRUSTEES. TRUSTEES VERBALLY UPDATE AND CONFIRM THE ACCURACY OF THEIR ANNUAL WRITTEN CO NFLICT OF INTEREST DISCLOSURES DURING EACH QUARTERLY BOARD MEETING. THE DISCLOSURE STATEME NTS ARE REVIEWED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES OR ANY C OMMITTEE, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE CHAIR OF THE COMMITT EE, AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING THE CONFLICT SHALL LEAVE THE ROOM IN WHICH THE MEETING IS HELD AND NOT PARTICIPATE IN THE FINAL DELIBE RATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. A TRUSTEE SHALL ADVISE THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE CORPORATE SECRETARY IN WRITING OF ANY POTENTIAL CONFLICTS OF INTEREST WHICH ARISE AFTER SIGNING THE CONFLICT OF INTEREST DISCLOSURE STATEM ENT.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION DETERMINATIONS OF STRADA EDUCATION NETWORK, INC.'S CEO AND THE OTHER OFFICERS FOR CALENDAR YEAR 2019 WERE MADE BY A COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WHO SE MEMBERS HAVE NO CONFLICT OF INTEREST WITHIN THE MEANING OF TREAS. REG. 53.4958-6(C)(1)(III). THE COMPENSATION COMMITTEE ESTABLISHES THE COMPENSATION PHILOSOPHY, AND WITH COMPARA BILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, ANNUALLY EVALUATES THE PER FORMANCE OF THE CEO AND ALL OTHER OFFICERS, AND DETERMINES IN ADVANCE THE REASONABLENESS OF COMPENSATION PAID TO AND BENEFITS PROVIDED TO SUCH INDIVIDUALS. AS PART OF THE ANNUAL PERFORMANCE EVALUATION, THE COMPENSATION COMMITTEE SOLICITS THE VIEWS OF THE CHAIRS OF THE OTHER BOARD COMMITTEES. THE DETERMINATIONS MADE AND THE BASIS OF SUCH DETERMINATIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN WRITTEN MINUTES. FINAL DETERMINATIONS ARE REPORTED TO THE FULL BOARD OF TRUSTEES.

Return Explanation

FORM 990, THE ORGANIZATION MAKES ANY DOCUMENT OPEN TO PUBLIC INSPECTION AVAILABLE UPON REQUEST.

PART VI,

SECTION C,

LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 2,937,413. MANAGEMENT AND GENERAL EXPENSES -80,0 00. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,857,413. SERVICE BUREAU FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 81,797. FUNDRAISING EXPENSES 0. TOTAL EXPENSE S 81,797. MISCELLANEOUS PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,833,436. MANAGEMENT AND GENERAL EXPENSES 5,354,959. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,188,395. BANKING FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 790. FUNDRAISING EXPENSE S 0. TOTAL EXPENSES 790.

990 Schedule O, Supplemental Information

Return

Reference

FORM 990,	NET ACTUARIAL LOSS RELATED TO EMPLOYEE BENEFITS PLANS 410,501. TRANSFER OF NET ASSETS TO D
PART XI,	XTERA INSTITUTE, INC1,432,758. TRANSFER OF NET ASSETS TO EDUCATION AT WORK, INC5,275
LINE 9:	,000. TRANSFER OF NET ASSETS TO ROADTRIP NATION, LTD2,765,000. TRANSFER OF NET ASSETS T
	O COUNCIL FOR ADULTS AND EXPERIENTIAL LEARNING -398,003. TRANSFER OF NET ASSETS TO INSIDE
	TRACK INC -7 732 226

Explanation

SCHEDULE R

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

DLN: 93493321078510

Open to Public Inspection

Schedule R (Form 990) 2019

Internal Revenue Service Name of the organization STRADA EDUCATION NETWORK INC

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

(Form 990)

Department of the Treasury

Employer identification number

							47-3	044430				
Part I Identification of Disregarded Entities. Complete	if the orgar	nization answe	red "Yes	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activ	rity	(c) Legal domic or foreign c	ile (state	(d) Total ind		(e) End-of-year a	ssets	(f) Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.							, Part I		ecause			
(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (state or foreign country)		(d Exempt Cod	ode section Publ		(e) charity status on 501(c)(3))	(f) Direct controlling entity		(g) Section 512 (13) contro entity?	
(1)DXTERA INSTITUTE INC 55 COURT STREET SUITE 200	EDUCATIONA SERVICES	L SUPPORT	DE		501(C)(3)		10		STRADA EDUCATION NETWORK INC		Yes	No
BOSTON, MA 02108 81-5103331												
(2)EDUCATION AT WORK INC 2300 WALL ST STE R CINCINNATI, OH 45212	STUDENT EM OPPORTUNIT			ОН	501(C)(3)		12B, II			A EDUCATION PRK INC	Yes	
45-4035038 (3)ROADTRIP NATION LTD 1626 PLACENTIA AVE	STUDENT RO	ADMAP	DE		501(C)(3)		7		STRADA EDUCATION NETWORK INC		Yes	
COSTA MESA, CA 92627 26-3889207												
(4)COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING 55 E MONROE ST STE 2710	ADULT LEAR	NERS		IL	501(C)(3)		7			A EDUCATION PRK INC	Yes	
CHICAGO, IL 60603 13-2890752 (5)STRADA IDAHO HOLDINGS INC	TITLE HOLDI	NG COMPANY		ID	501(C)(2)				STRADA	A EDUCATION	Yes	
10 WEST MARKET STREET STE 1100 INDIANAPOLIS, IN 46204	THE HOLD!	NO COMI ANT		10	301(0)(2)					PRK INC	163	
84-2914431 (6)INSIDE TRACK IMPACT INC 121 SW SALMON STREET STE 800	STUDENT CO	ACHING		DE	501(C)(4)				STRADA NETWO	A EDUCATION PRK INC	Yes	
PORTLAND, OR 972042900 84-3640492											\downarrow	

Cat. No. 50135Y

related organization	N of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded fr tax unde sections 5: 514)	ted, total inco l, om r	(g) Share of me end-of-year assets	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k Percen owner	ntage
(1) ECONOMIC MODELING LLC		DATA ANALYTICS	DE	N1 / A				Yes	No		Yes	No		
PO BOX 9008 MOSCOW, ID 83843 27-1605272		DATA ANALYTICS SERVICES	DE	N/A										
												Ш		
Part IV Identification of Related Org because it had one or more rela							answered "Y	es" on	Form	990, Part	IV, lir	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Leg. domic (state or count	al cile foreign	Direct c	d) ontrolling Ty	(e) /pe of entity (C corp, S corp, or trust)	(f) Share of total income		(g) e of end year assets		(h) centag nership		(i) Section (b)(i) contro entit	on 512 (13) rolled
(1)ROADTRIP PRODUCTIONS LTD	EDUCATION OUTDEACH					′				L		'	Yes	No
1626 PLACENTIA AVENUE COSTA MESA, CA 92627	EDUCATION OUTREACH	DE		01/0				+						
04-2615743				N/A	С								Yes	
04-2615743 (2)INSIDE TRACK INC 121 SW SALMON STREET STE 800 PORTLAND, OR 972042900	STUDENT COACHING	DE		N/A STRADA EDUCAT NETWOR	ION		24,739,812		23,710,	262 100	.000 %)	Yes	
04-2615743 (2)INSIDE TRACK INC 121 SW SALMON STREET STE 800 PORTLAND, OR 972042900 94-3344975 (3)STRADA SOLUTIONS INC 10 WEST MARKET STREET STE 1100 INDIANAPOLIS, IN 46204	STUDENT COACHING HOLDING COMPANY	DE		STRADA EDUCAT	ION IK INC C		24,739,812 3,643,874		23,710,		.000 %			
04-2615743 (2)INSIDE TRACK INC 121 SW SALMON STREET STE 800 PORTLAND, OR 972042900 94-3344975 (3)STRADA SOLUTIONS INC 10 WEST MARKET STREET STE 1100				STRADA EDUCAT NETWOR STRADA EDUCAT	ION IK INC C								Yes	
04-2615743 (2)INSIDE TRACK INC 121 SW SALMON STREET STE 800 PORTLAND, OR 972042900 94-3344975 (3)STRADA SOLUTIONS INC 10 WEST MARKET STREET STE 1100 INDIANAPOLIS, IN 46204 37-1897172 (4)ECONOMIC MODELING UK LIMITED 10 SARUM HILL BASINGSTOKE RG21 8SR	HOLDING COMPANY DATA ANALYTICS	DE		STRADA EDUCAT NETWOR STRADA EDUCAT NETWOR	ION IK INC C								Yes	
04-2615743 (2)INSIDE TRACK INC 121 SW SALMON STREET STE 800 PORTLAND, OR 972042900 94-3344975 (3)STRADA SOLUTIONS INC 10 WEST MARKET STREET STE 1100 INDIANAPOLIS, IN 46204 37-1897172 (4)ECONOMIC MODELING UK LIMITED 10 SARUM HILL BASINGSTOKE RG21 8SR	HOLDING COMPANY DATA ANALYTICS	DE		STRADA EDUCAT NETWOR STRADA EDUCAT NETWOR	ION IK INC C								Yes	

chedule R (Form 990) 2019		Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1 d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

p Reimbursement paid to related organization(s) for expenses				1p Yes
q Reimbursement paid by related organization(s) for expenses				1q Yes
r Other transfer of cash or property to related organization(s)				1r Yes
${f s}$ Other transfer of cash or property from related organization(s)				1s Yes
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and trai	saction thresholds.	
ee Additional Data Table				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount involved

Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

Schedule R (Form 990) 2019					
Part VII	Supplemental Information				
Provide additional information for responses to questions on Schedule R. (see instructions).					
Return Reference		Explanation			

Software ID:

Software Version:

EIN: 47-3044430

Name: STRADA EDUCATION NETWORK INC

Form 990, Schedule R, Part V - Transactions With Related Organizations					
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved		
EDUCATION AT WORK INC	А	788,667	FMV		
INSIDE TRACK INC	А	432,508	FMV		
ROADTRIP NATION LTD	А	340,125	FMV		
STRADA IDAHO HOLDINGS INC	А	28,030	FMV		
STRADA SOLUTIONS INC	А	111,104	FMV		
COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING	В	56,352	FMV		
EDUCATION AT WORK INC	В	15,857,962	FMV		
ROADTRIP NATION LTD	В	7,733,637	FMV		
STRADA IDAHO HOLDINGS INC	D	7,212,502	FMV		
STRADA SOLUTIONS INC	D	3,750,000	FMV		
STRADA SOLUTIONS INC	F	3,512,502	FMV		
COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING	0	181,549	FMV		
ECONOMIC MODELING LLC	0	112,587	FMV		
INSIDE TRACK INC	0	644,435	FMV		
ROADTRIP NATION LTD	0	148,661	FMV		
STRADA SOLUTIONS INC	0	153,677	FMV		
COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING	Р	60,000	FMV		
INSIDE TRACK INC	Р	95,200	FMV		
STRADA SOLUTIONS INC	Р	274,307	FMV		
COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING	Q	216,454	FMV		
DXTERA INSTITUTE INC	Q	99,081	FMV		
ECONOMIC MODELING LLC	Q	409,971	FMV		
EDUCATION AT WORK INC	Q	109,140	FMV		
INSIDE TRACK INC	Q	243,597	FMV		
ROADTRIP NATION LTD	Q	565,509	FMV		

(a) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) FMV STRADA IDAHO HOLDINGS INC Q 411,753 FMV COUNCIL FOR ADULT AND EXPERIENTIAL LEARNING 398,003

(b)

R

R

R

R

R

R

R

S

S

1,432,758

5,275,000

10,459,963

2,765,000

595,500

3,261,000

250,000

138,693

507,856

FMV

FMV

FMV

FMV FMV

FMV

FMV FMV

FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

DXTERA INSTITUTE INC

ROADTRIP NATION LTD

ROADTRIP PRODUCTIONS LTD

STRADA IDAHO HOLDINGS INC

STRADA IDAHO HOLDINGS INC

STRADA SOLUTIONS INC

STRADA SOLUTIONS INC.

INSIDE TRACK INC

EDUCATION AT WORK INC