990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A	For	the 2	2019 calendar y	ear, or tax year begin	ning		, 2019, a	nd endi	ng		, 20
В	Chec	ck if app	plicable:	C Name of organizationSA	CRED EARTH FOUNDATIO	N				D Emplo	oyer identification number
	Addre	ess cha	ange	Doing business as							26-2272458
	Name	e chan	ge	Number and street (or P.0	O. box if mail is not delivered to street ad	dress)		Room/sui	ite	E Teleph	none number
	Initial	l return	1	101 EKONE RD							(509)773-4536
	Final	l return	/terminated	City or town, state or prov	rince, country, and ZIP or foreign postal o	code	,			G Gross	receipts
	Amer	nded re	eturn	Goldendale, WA	98620-2825					\$	779,910
	Applio	ication	pending		ncipal officer: SHONIE SCHLOT:	ZHAUER			H(a) Isthisag	group return fo	or subordinates? Yes X No
				Same as C above	2				H(b) Are all s	subordinate	es included? Yes No
ı	Тах-є	exempt	t status: X 501	(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 52	27		If "No,"	attach a lis	t. (see instructions)
J	Webs	site:		://www.ekone.or	g/				H(c) Group	exemption	number
K	Form	n of org	anization: X Corp	poration Trust Asso	ociation Other ►	L	Year of formation	on: 20 0	9 м s	State of lega	al domicile: WA
Pa	art I		Summary						<u>'</u>		
				the organization's missi	on or most significant activities:	SACRI	ED EARTH	FOUN	DATION	S MIS	SION IS TO
		7	ACTIVATE CE	HILDREN AND ADU	LTS TO LOVE THE EART						
Activities & Governance		-			HENTIC COMMUNITY EXP				-		
rna		-									
) Ve		2 (Check this box ▶	if the organization	discontinued its operations or o	disposed of	more than 2	25% of i	ts net asset	ts.	
ŏ		3 1	Number of voting	g members of the gove	rning body (Part VI, line 1a)					. 3	11
ος O				-	s of the governing body (Part V						10
itie				=	calendar year 2019 (Part V, lin						27
듅				volunteers (estimate if r						. 6	200
⋖		7a 🗆	Total unrelated b	ousiness revenue from I	Part VIII, column (C), line 12					. 7a	0
		1 d	Net unrelated bu	usiness taxable income	from Form 990-T, line 39 .					. 7b	0
									Prior Year		Current Year
		8 (Contributions and	d grants (Part VIII, line	1h)		. 		447	,632	406,688
ne				• ,	e 2g)					,552	347,187
Revenue	1		-		a), lines 3, 4, and 7d)					,875	8,131
Re	1				es 5, 6d, 8c, 9c, 10c, and 11e)					,828	9,833
	1				must equal Part VIII, column (A)					,887	771,839
	1				X, column (A), lines 1-3)						0
	1	14 E	Benefits paid to	or for members (Part IX	(, column (A), line 4)						0
	1				benefits (Part IX, column (A), I				207	,392	270,840
ses	1	16a F	Professional fund	draising fees (Part IX, o	column (A), line 11e)					2,027	188
Expenses				expenses (Part IX, col			45,760				
Ξ	1		_		nes 11a-11d, 11f-24e)				197	,146	225,834
	1	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 2	25)			406	,565	496,862
	1	19 F	Revenue less ex	penses. Subtract line 1	18 from line 12					,322	274,977
5	ses							Begii	nning of Curre	ent Year	End of Year
sets	ğ 2	20	Total assets (Pa	rt X, line 16)					1,813	,921	2,218,097
Net Assets or	2	21	Total liabilities (F	Part X, line 26)					60	,543	44,189
Ž	2	22 1	Net assets or fur	nd balances. Subtract	line 21 from line 20	<u></u>			1,753	,378	2,173,908
Pa	art I	ll	Signature I	Block							
					n, including accompanying schedules an			of my know	vledge and bel	ief, it is	
	,	1					.,				
O: -			MORGAN								
Siç	gn		Signature of c	officer						Dat	е
He	re			HOUK, TREASURE	R						
				name and title							
			Print/Type preparer	r's name	Preparer's signature		Date		Check	if	PTIN
Pa			BRIAN FRAI	NK :	BRIAN FRANK		L1-13-20	20	self-em	ployed	P01969667
	epa		Firm's name	MATH LLC				F	irm's EIN 🕨		
Us	e O	nly	Firm's address ▶	4815 NE	30TH AVE			P	hone no.		
				Portland	OR 97211					503-7	708-2028
May	/ the	IRS	discuss this retu	ım with the preparer sh	own above? (see instructions)						🗌 Yes 🏻 🗓 No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions).?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		х
	the organization's separate of consolidated infancial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			Λ
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		-	
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2019) SACRED EARTH FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part L	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		3.5
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
₋ . ai	Check if Schedule O contains a response or note to any line in this Part V			
	and the second s	- 1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) SACRED EARTH FOUNDATION 26-2272458

Part VI Governance. Management. and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

rai	Governance, management, and Disclosure For each Yes response to lines 2 through 7b below, and for a No		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
	Check if Schedule O contains a response or note to any line in this Part VI		. X
Sec	ction A. Governing Body and Management		
		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		

Sec	tion A. Governing Body and Management			I
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included 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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Oregon, Washington			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website Image: Another square of the control of the con			
19	Describe on 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			
	SHONIE SCHLOZHAUER (509)773-4536, 401 EKONE RD, Goldendale, WA 98620-2825			

17	LIST THE STATES WITH WITH	on a copy of this Form 990 is re	equired to be filed	Oregon, washington			
18	Section 6104 requires	an organization to make its Fo	rms 1023 (1024 or 102	24-A if applicable), 990, and 990-T (Section 501(c)			
	<u>-13</u>						
	X Own website	Another's website	X Upon request	Other (explain on Schedule O)			

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII Independent Contractors**

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organizat	ion co	mpen	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
	(C)									
(A) Name and title	(B) Average hours per week	box,	, unles	eck m s per	son is	nan one s both an /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) THERESE CHARVET	2.00									
PRESIDENT		х		х				0	0	0
(2) KENT SIEBOLD	1.00									
DIRECTOR		x						0	0	0
(3) MORGAN HOUK	1.00									
TREASURER		x		х				0	0	0
(4) MORGAINE TRINE	1.00									
SECRETARY		х		x				0	0	0
(5) JUDY TODD	2.00									
VICE PRESIDENT		x						0	0	0
(6) MICHELLE SAGER	1.00									
DIRECTOR		x						0	0	0
(7) TIM SOUTHWORTH	1.00									
DIRECTOR		х						1,214	0	0
(8) LAURIE SOUTHWORTH	1.00									
DIRECTOR		x						1,214	0	0
(9) TRACY MCDANIEL	1.00									
DIRECTOR		х						0	0	0
(10)SKYE NEWKIRK	0.60									
DIRECTOR		x						300	0	0
(11)VICTORIA DECILLO	0.10									
DIRECTOR		х						0	0	0
(12)SHONIE SCHLOTZHAUER	40.00									
EXECUTIVE DIRECTOR	[x				40,074	0	0
<u>(13)</u>								-		
<u>(14)</u>										

Form 990 (2019)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					((C)							
	(A)	(B)	(40.00	4		sition			(D)	(E)		(F)	
	Name and title	Average	,				han one s both ar	n	Reportable	Reportable	Estin	nated am	ount
		hours	offic	er and	d a dii	rector	/trustee))	compensation from the	compensation from related		of other	
		per week (list any							organization	organizations	1	rom the	1011
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	1	nization d organiz	
		related	dual	ution	¥,	mplo	est co	er			Telate	u Organiz	Lations
		organizations below	trust	al tru		уее	ompe						
		dotted line)	ee	stee			ensat						
							ed						
(15)													
1.5/													
(16)													
Σ =/													
(17)													
<u> </u>													
(18)													
(19)													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(OF)													
(25)													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							-					
d	Total (add lines 1b and 1c)							-	42,802	0			0
	Total number of individuals (including but not limit										1		
_	reportable compensation from the organization		.0.0 4 4		,				σ. σ. π. ω φ. σ.	.			0
												Yes	No
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	/ee,	or h	ighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedul		-				-				3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	othe	er com	npen	sation from the				
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplet	te Sch	edul	le J for such				
	individual										4		x
5	Did any person listed on line 1a receive or accrue	compensation	n from	any	unr	elate	ed orga	aniza	ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Schea	ule .	J for	suc	h pers	on			5		x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	that	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the orga	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	sation	
	Total number of independent contractors (in about	a but not li	itad ta	ther	م اند	tod :	obeve)	طابور ۱	•				
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ieu a	above)	, wil	U				
	received inore than \$100,000 OF COMPENSATION NO	nn me organi	∠au∪⊓	•									

Page 9

Form 990 (2019) SACRED EAR
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a b	Federated campaigns 1a Membership dues					sections 512–514
ants	c	Fundraising events					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations					
sifts ar A	е	Government grants (contributions) 16	6,710				
imi Si	f	All other contributions, gifts, grants,					
itior er S		and similar amounts not included above 1f	356,458				
of he	g	Noncash contributions included in					
ont ind (lines 1a-1f	j \$				
	h	Total. Add lines 1a-1f	<u> ▶</u>	406,688			
			Business Code				
ø	2a	CAMPS	900099	244,531	244,531		
e Zi	b	CEMETERY	900099	102,656	102,656		
Se euu	С	_					
se ve	d						
Program Service Revenue	е						
<u> </u>		All other program service revenue					
	g	Total. Add lines 2a-2f		347,187			
	3	Investment income (including dividends, interest other similar amounts)	▶	8,131	8,131		
	4 5	·					
	3	Royalties	(ii) Personal				
	6a		` '				
		Less: rental expenses 6b					
		Rental income or (loss) 6c 1,00	n				
		Net rental income or (loss)		1,000	1,000		
		(i) Convition	(ii) Other				
	/a	Gross amount from (i) Securities sales of assets					
	, h	other than inventory Less: cost or other basis					
ne	"	and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Re	d	Net gain or (loss)	<u></u> ▶				
Other	8a	Gross income from fundraising					
ŏ		events (not including \$ 43,520					
		of contributions reported on line					
		, · · · · · · · · · · · · · · · · · · ·	a 13,004				
			8,071				
		` '	<u> ▶</u>	4,933			4,933
	9a	Gross income from gaming					
	١.	· · · · · · · · · · · · · · · · · · ·	a .				
			b				
		`	<u> ▶</u>				
	10a	Gross sales of inventory, less returns and allowances)a 2 400				
	h)a 2,409)b				
			>	2,409	2,409		
			Business Code	2,409	2,409		
S	11a	MISC	900099	187	187		
nor Tue		MORTGAGE FEES	900099	1,304	1,304		
Miscellanous Revenue	С			_,	_,		
lisc Re		All other revenue					
2	е	Total. Add lines 11a-11d		1,491			
	•	Total revenue. See instructions		771,839	360,218	0	4,933

SACRED EARTH FOUNDATION

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	40,074	12,022	8,015	20,037					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	37,212	37,212							
7	Other salaries and wages	163,392	145,056	9,942	8,394					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	30,162	24,349	2,250	3,563					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	485	407	32	46					
С	Accounting	3,116		3,116						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17 .	188			188					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	26,871	26,342	73	456					
12	Advertising and promotion	323	323							
13	Office expenses	9,077	4,314	1,706	3,057					
14	Information technology	5,315	3,622	1,346	347					
15	Royalties									
16	Occupancy	12,134	9,799	1,231	1,104					
17	Travel	5,231	4,610	90	531					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	2,580	2,134	183	263					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	30,223	24,994	2,146	3,083					
23	Insurance	14,740	8,638	5,037	1,065					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
_	(A) amount, list line 24e expenses on Schedule O.)	04	04.000							
а	FOOD	24,723	24,268	127	328					
b	REPAIRS & MAINTENANCE	34,885	32,063	1,158	1,664					
C	ANIMAL FEED	22,061	22,061	2	•					
d	TAXES, LICENSES AND PERMITS	14,092	12,876	378	838					
e 25	All other expenses	19,978	18,781	401	796					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	496,862	413,871	37,231	45,760					
20	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here ► if									
	following SOP 98-2 (ASC 958-720)									

31

32

33

31

33

2,173,908

2,218,097

1,753,378

1,813,921

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 152,278 140,523 2 213,216 2 357,284 3 Pledges and grants receivable, net 3 4 4 4,116 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 160,598 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,501,532 b Less: accumulated depreciation 10b 132,078 1,201,372 10c 1,369,454 11 80,221 11 84,823 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 2,120 266,013 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,813,921 16 2,218,097 17 17 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 55,754 23 43,770 24 24 419 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 4,789 25 Total liabilities. Add lines 17 through 25 . _ 26 60,543 26 44,189 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 1,690,989 2,148,563 28 Net assets with donor restrictions 62,389 28 25,345 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30

EEA Form 990 (2019)

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				. X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		771,	,839		
2	Total expenses (must equal Part IX, column (A), line 25)	2		496,	,862		
3	Revenue less expenses. Subtract line 2 from line 1	3		274,	,977		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	753,	378		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		145,	,553		
9	9 Other changes in net assets or fund balances (explain on Schedule O) 9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	2,	173,	908		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CASH	_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?		. 3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
EEA			Form	990 (2019)		

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

OMB No. 1545-0047

2019

Name	of the	organization					Employer identificat	ion number
SAC	RED	EARTH FOUNDATION					26-227245	8
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must c	omplete	this part.	.) See instructions	
The	orga	nization is not a private foundation bed	ause it is: (For lines	s 1 through 12, check on	y one box.)		
1		A church, convention of churches, or	r association of chu	irches described in sect	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ)	.)		
3		A hospital or a cooperative hospital	service organization	n described in section 1	70(b)(1)(A	A)(iii).		
4		A medical research organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or υ	university owned or opera	ated by a g	government	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fron	n the general public	
		described in section 170(b)(1)(A)(vi	i). (Complete Part I	I.)				
8		A community trust described in sect						
9		An agricultural research organization			rated in co	onjunction v	with a land-grant collect	je
		or university or a non-land-grant colle				-	-	•
		university:		,		•	· ·	
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support fron	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its	` '	• • • • • • • • • • • • • • • • • • • •				
		support from gross investment incom	e and unrelated bu	siness taxable income (l	ess section	้ า 511 tax) fr	rom businesses	
		acquired by the organization after Ju		,		,		
11	П	An organization organized and opera				,		
12	П	An organization organized and opera	•	•			carry out the purposes	S
		of one or more publicly supported or	•	•				
		Check the box in lines 12a through 13	_					•
	а	Type I. A supporting organizatio				•		-
		the supported organization(s) the		•		•		
		supporting organization. You mu			,			
	b	Type II. A supporting organization	-		ith its supr	orted orga	nization(s), by having	
		control or management of the su	•			•	. ,	
		organization(s). You must com		·			ianage the cappented	
	С	Type III functionally integrated	•		nnection w	ith, and fur	nctionally integrated wi	th.
	-	its supported organization(s) (se		· ·		•	, ,	,
	d	☐ Type III non-functionally integ	•	•				n(s)
	-	that is not functionally integrated.						(-)
		requirement (see instructions). Y						
	е	Check this box if the organization	-				Type II. Type III	
	•	functionally integrated, or Type II				, a . , po ., .	. , , , , , , , , ,	
	f	Enter the number of supported organ						
	g	Provide the following information abo						
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	•	0	, ,	(described on lines 1-10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
<u></u>								
(B)								
								
(C)								
								
(D)								
<u></u>								
(E)								
Tota								

7	2	4	5	8	Page 2
-	_	$\overline{}$	-		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge **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) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (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 business is regularly carried on **10** 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 instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization............................. b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	109,821	110,234	122,935	447,632	399,978	1,190,600
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	238,646	278,482	259,596	330,379	359,240	1,466,343
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	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	348,467	388,716	382,531	778,011	759,218	2,656,943
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					279,217	279,217
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b					279,217	279,217
8	Public support. (Subtract line 7c from						
_	line 6.)						2,377,726
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	348,467	388,716	382,531	778,011	759,218	2,656,943
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	15	19	23	2,478	8,131	10,666
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	15	19	23	2,478	8,131	10,666
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	240 400	200 525	200 554	E00 400	ECE 240	0 668 600
11	and 12.)	348,482	388,735		780,489		2,667,609
14							
500	organization, check this box and stop here ction C. Computation of Public Support						· · · · · · ·
	Public support percentage for 2019 (line 8, c			column (f))		15	89.13 %
	Public support percentage from 2018 Sched					16	99.82 %
	ction D. Computation of Investment Inc					10	99.62 /0
	Investment income percentage for 2019 (line			ne 13 column	(f))	17	0.00 %
	Investment income percentage for 2019 (line					18	0.00 %
	33 1/3% support tests - 2019. If the organiz						
130	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	=	-	-	-		_

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV 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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	NI -
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truc	tions)).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in		
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	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. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2019 SACRED EARTH FOUNDATION		26-22724	58 Pag	е
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in	n Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Sections	A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ır
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				
СО	llection of gross income or for management, conservation, or				
	aintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ır
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (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,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
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				
en	nergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting or	ganization (see	
	instructions).				

EEA

Schedule A (Form 990 or 990-EZ) 2019 SACRED EARTH FOUNDATION 26	-2272458	Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)	
Section D - Distributions	Current	fear
1 Amounts paid to supported organizations to accomplish exempt purposes		

1 Amounts paid to supported organizations to accomplish exempt purposes
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.
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

9 Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
FFΔ			Sched	ule A (Form 990 or 990-F7) 2019

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	RED EARTH FOUNDATION	26-2272458
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ü	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Da	conferring impermissible private benefit?	
га		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
	•	• ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	▶ \$	ů ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)((B)(i)
•	and section 170(h)(4)(B)(ii)?	
q	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	t describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets
ıα	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	nei Onimai Assets.
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance shoot works
ıa		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. \$
b	Assets included in Form 990, Part X	> \$

Pai	t III Organizations Maintaining	Collections of A	rt, Historical	Treasures,	or Oth	her Similar As	ssets (c	ontinu	ıed)
3	Using the organization's acquisition, accession	n, and other records, o	heck any of the foll	owing that ma	ke signif	icant use of its			
	collection items (check all that apply):								
а	Public exhibition		d Loan	or exchange p	orograms	S			
b	Scholarly research		e 🗌 Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain he	ow they further the	organization's	exempt	purpose in Part			
	XIII.		, , , , , , , ,	3					
5	During the year, did the organization solicit or	receive donations of a	rt historical treasu	res or other si	imilar				
	assets to be sold to raise funds rather than to		·	•			. Ye	s 🗆	No
Pai	t IV Escrow and Custodial Arra		. oo o.ga <u>_</u> ao.						
	Complete if the organization a		n Form 990 Pa	art IV line 9	or re	norted an amo	ount on	Form	
	990, Part X, line 21.	anoworda 100 0			3, 00	portou air airi	, di it 011	0	
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions of	other assets	not				
							□ va	. □	No
b	If "Yes," explain the arrangement in Part XIII a							• <u> </u>	110
D	ii res, explain the arrangement iii r arr xiii e	and complete the follow	virig table.			Δm	ount		
_	Beginning balance				. 1c		Ount		
۲ C	Additions during the year								
d	Distributions during the year								
e	Ending balance								
f 20	Did the organization include an amount on For								Na
2a	If "Yes," explain the arrangement in Part XIII.	· ·			•		_		No
b Date	t V Endowment Funds.	Check here ii the expi	anation has been p	rovided on Pai	ıı AIII .			· 🗆	
Га	Complete if the organization a	answered "Ves" o	n Form 000 D	art IV line 1	10				
	Complete if the organization a					(D.T.	1,,,,,,		
4.	Deginning of year belones	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back		r years ba	
1a 	Beginning of year balance	62,389	58,062		,407	47,799		44,4	
b	Contributions	17,949	7,400	5,	,655	4,598		3,3	336
С	Net investment earnings, gains, and								_
	losses	4,485	(4,363)			10			9
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	84,823	61,099	-	,062	52,407		47,7	799
2	Provide the estimated percentage of the curre	•	ne 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %	6							
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organization	on that are held and	administered	for the				
	organization by:							Yes	No
	(i) Unrelated organizations						. 3a(i)		Х
	(ii) Related organizations						. 3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	d on Schedule R?.				. 3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Pai	t VI Land, Buildings, and Equip	ment.							
	Complete if the organization a	answered "Yes" o	n Form 990, Pa	art IV, line 1	11a. Se	ee Form 990, I	Part X, li	ne 10).
	Description of property	(a) Cost or other	basis (b) Cost of	or other basis	(c) A	Accumulated	(d) Boo	k value	
		(investmen	t) ((other)	de	preciation			
1a	Land		1,	027,760			1,	027,7	760
b	Buildings			207,536		66,153		141,3	383
С	Leasehold improvements			17,885		8,228		9,6	
d	Equipment			88,314		38,009		50,3	
е	Other			160,037		19,688		140,3	
Tota	. Add lines 1a through 1e. (Column (d) must	egual Form 990. Part	X. column (B). line	10c.)				369,4	

Part VII Investments - Other Securi

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on F	Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(1)		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on F	Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	_	
Part IX	Other Assets.		
1 411 171	Complete if the organization answered "Yes" on F	Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.
	(a) Description		(b) Book value
(1)вимкног	USE UNDER CONSTRUCTION		266,013
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		▶ 266,013
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Bo	ook value	
(1) Federal i	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶		
-	uncertain tax positions. In Part XIII, provide the text of the footnot	-	·
organization's	liability for uncertain tax positions under FASB ASC 740. Check I	here if the text of the footno	ote has been provided in Part XIII

	ule D (Form 990) 2019 SACRED EARTH FOUNDATION	26-2272458	Page
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	. 2e	
3		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Add lines 4a and 4b		
с 5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens		
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	es per iveturii.	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
a	Donated services and use of facilities		
a b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 5	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		
	rt XIII Supplemental Information.	. , 0 ,	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4. Part X line	
	It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	1, 1 are 71, 1110	
_, . ~	1.7.1, 11100 24 414 10, 414 1 417 11, 11100 24 414 127 1100 001 pieto 4110 part 10 pro-1100 417 44411 11101 11411		

EEA Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization						Employer ide	ntification number	
SACRED EARTH FOUNDATION						26-22		
Form 990-EZ filers are not		_		wered "Yes" on	Form 99	00, Part IV,	line 17.	
1 Indicate whether the organization raise				ies. Check all that a	oply.			
a Mail solicitations	J		-	non-government gr				
b Internet and email solicitations				government grants				
c Phone solicitations				aising events				
d In-person solicitations		3 🗆 '	-	g				
2a Did the organization have a written or	oral agreement w	ith anv indivi	dual (includin	a officers, directors,	trustees.			
or key employees listed in Form 990, I							es 🗌 No	
b If "Yes," list the 10 highest paid individ				-		_	_	
compensated at least \$5,000 by the or		maraiscrs, p	arouarit to ag	recificitio dilaci will	on the rane		o .	
σοπροποαίσα αι ισασί φο,σσο by the σ	rgariizatiori.							
					(v) Am	ount paid to		
(i) Name and address of individual	(ii) A otivity		draiser have r control of	(iv) Gross receipts		tained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) Activity		outions?	from activity		ser listed in	organization	
		Vaa	Na		С	ol. (i)		
1		Yes	No					
2								
3								
4								
5								
6								
7								
8								
9								
10								
			1					
Total			•					
3 List all states in which the organization	is registered or lic	censed to sol	icit contributi	ons or has been noti	fied it is ex	kempt from		
registration or licensing.								
	_					_		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			13,790 43,520 ine 1 minus 13,004 13,004			
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	42,734	13,790		56,524
_	2	Less: Contributions	29,730	13,790		43,520
		line 2)	13,004			13,004
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	242	285		527
Direct Expenses	7	Food and beverages	2,286	1,022		3,308
Direc	8	Entertainment	850			850
	9	Other direct expenses	3,279	107		3,386
	10					
_	11					
Pa	rt II			Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	iine oa.			
Revenue			(a) Bingo		(c) Other gaming	
 	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	tract line 7 from line 1, colu	mn (d)	. .	
9 a b	Is	nter the state(s) in which the organizat the organization licensed to conduct of No," explain:	gaming activities in each of	these states?		Yes No
	_					
		ere any of the organization's gaming Yes," explain:	•	ed, or terminated during the	•	Yes . No

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions With Interested Persons

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

2019

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

SACRED EARTH	FOUNDATI	ON						26-	22724	58				
Part I Exce	ss Benefit	Transactions	s (section 501(c)(3), s	ection 5	01(c)(4),	and 50	1(c)(29) organiz	ations	only)				
Comp	olete if the	organization a	nswered "Yes"	on For	m 990,	Part IV, li	ne 25a	or 25b, or Form	า 990-I	EZ, Pa	art V,	line 4	0b.	
1 (a) Name of disqualified person		an.	(b) Relationship between disqualified person and			(c) Description	Description of transaction				(d) Correcte			
- (a) Name or c	nsqualineu perso	JII .	0	rganizatior	n			(c) Description	UI II al ISa	ICHOTI			Yes	No
(1)														
(2)														
(3)														
under section	4958							e year 		► \$ ► \$				
Comp	olete if the	or From Interest organization a ported an amou	nswered "Yes"	on For				8a or Form 990), Part	IV, lin	ne 26;	or if t	:he	
(a) Name of intereste	ed person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	(e) Ori		(f) Balance due	(g) In (default?	by bo	proved ard or nittee?	(i) Wi	
				То	From				Yes	No	Yes	No	Yes	No
(4)														
(1)														
(2)														
(3)														
(4)														
_ (7														
(5)														
Part III Gra	nts or Ass	istance Benefaction a	iting Interest	ed Pers	sons.									
(a) Name of interes	sted person		hip between intereste	d (c) Amount of	assistance	(d	I) Type of assistance		(е	Purpos	se of ass	sistance	
(1)														
(2)									\dashv					
(3)									_					
(4)														
(5)														

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatio
) CAITLIN JONES	FRMR DIRECTOR; FAMILY, SKYE	22 632	WAGES FOR PROGRAM DIRECTOR	Yes	_ N
CATILIN JONES	FAMILY, SHONIE	23,632	WAGES FOR KITCHEN		1
CHRIS WOODCOCK	SCHLOTZHAUER	13,580	MANAGER		2
t V Supplemental Information					
Provide additional informa	tion for responses to questions	on Schedule L (see	instructions).		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SACRED EARTH FOUNDATION 26-2272458 01. Officer, directors, etc. family relationship (Part VI, line 2) TIM AND LAURIE SOUTHWORTH ARE MARRIED. THE CONFLICT OF INTEREST POLICY IS FOLLOWED. 02. Form 990 governing body review (Part VI, line 11) THE 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO SUBMISSION. TREASURER AND FINANCE COMMITTEE PROVIDE A DETAILED REVIEW AND MAKE A RECOMMENDATION TO THE BOARD FOR APPROVAL. UPON APPROVAL, THE TREASURER OR BOARD PRESIDENT ARE EACH AUTHORIZED TO SIGN THE 990 ON BEHALF OF THE BOARD. 03. Conflict of interest policy compliance (Part VI, line 12c) THERE IS A WRITTEN CONFLICT OF INTEREST POLICY THAT ALL BOARD MEMBERS ARE REQUIRED TO SIGN. THEY ARE ALSO REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY AND AS THEY ARISE. 04. CEO, executive director, top management comp (Part VI, line 15a) HUMAN RESOURCES COMMITTEE PERFORMS REVIEWS FOR LEADERSHIP EMPLOYEES, DETERMINES COMPENSATION AND PRESENTS TO THE BOARD FOR FINAL APPROVAL, BASED ON THE ANNUAL BUDGET. 05. Other officer or key employee compensation (Part VI, line 15b HUMAN RESOURCES COMMITTEE PERFORMS REVIEWS FOR LEADERSHIP EMPLOYEES, DETERMINES COMPENSATION AND PRESENTS TO THE BOARD FOR FINAL APPROVAL, BASED ON THE ANNUAL BUDGET. 06. Governing documents, etc, available to public (Part VI, line 19) 990 IS ON WEBSITE AND BY REQUEST. OTHER DOCUMENTS ARE AVAIALBLE BY REQUEST.

Schedule O (Form 990 or 990-EZ) (2019) Page **2**

SACRED EARTH FOUNDATION 26-2272458 07. Part XI, response or note to any line in Part XI PRIOR PERIOD ADJUSTMENTS: -ADJUSTMENT OF \$145,552 DUE TO THE ADDITION TO THE BALANCE SHEET OF SEVERAL HISTORIC BUILDINGS OWNED BY SACRED EARTH FOUNDATION PRIOR TO INCORPORATION IN 2009, HAVING NOT BEEN PREVIOUSLY INCLUDED ON THE BALANCE SHEET. THE INACCURACY WAS CREATED BY A COMBINATION OF STAFF INEXPERIENCE AND THE INABILITY OF MULTIPLE CPA'S TO CORRECT IT. FOR 2019, WE UNDERTOOK A SIGNIFICANT CORRECTION TO RECORD THE CORRECT VALUE OF SEF BUILDINGS, BASED ON TAX ASSESSMENT VALUES IN 2009 (\$209,399), DEPRECIATION FROM THAT DATE (\$60,732), LESS A DEMOLISHED BUILDING (\$1,863) -BOOKKEEPING SOFTWARE USAGE ERRORS IN PREVIOUS YEARS CREATED A CASH BASIS ACCOUNTING METHOD A/R BALANCE--THESE ERRORS (-\$2,118 TOTAL) WERE CORRECTED TO BRING CASH BASIS ACCOUNTING METHOD A/R BALANCE TO ITS CORRECT VALUE OF \$0. -COMMUNICATION AND DATA ENTRY ERRORS WHEN TRANSFERRING INFORMATION BETWEEN BOOKKEEPING AND TAX PREPARATION LED TO THE LEDGER VALUES OF A HORSE TRAILER NOT BEING RECORDED CORRECTLY (\$2250), HORSES BEING REPORTED HIGHER THAN WAS ACCURATE (BY \$1500), FIXTURES BEING UNDER REPORTED (\$10) AND PRIOR DEPRECIATION BEING HIGHER (\$106). -\$1 ROUNDING ERROR

Name of the organization

Employer identification number