Form 990

Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

For the 2018 calendar year, or tax year beginning , 2018, and ending D Employer identification number Check if applicable: THE RAECHEL & JACKIE FOUNDATION (RJF) 46-3546942 Address change PO BOX 7483 Relephone number Name change SANTA CRUZ, CA 95061-7483 (831) 295-8752 Initial return Final return/terminated 330. Amended return F Name and address of principal officer: X No Application pending Yes H(b) Are all subordinates included?

If "No," attach a list. (see instructions) SAME AS C ABOVE 527 Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Website: ► WWW.RAECHELJACKIEFOUNDATION.ORG H(c) Group exemption number K L Year of formation: 2013 M State of legal domicile: CA Form of organization: Corporation Other P Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE ACCESS, RELEVANCE OF EDUCATION FOR YOUTH IN CENTRAL AMERICA. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)...... 3 ∞ 53 Number of independent voting members of the governing body (Part VI, line 1b). 4 Activities Total number of individuals employed in calendar year 2018 (Part V, line 2a). 5 Total number of volunteers (estimate if necessary)..... 6 54 7a Total unrelated business revenue from Part VIII, column (C), line 12. 0. **b** Net unrelated business taxable income from Form 990-T, line 38 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 20,620 22,827. Revenue Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 32,066 53,047. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)... 52,686 75,874. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 55,452 41,335. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 94,075 97,150. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). . 149,527. 138,485. Revenue less expenses. Subtract line 18 from line 12..... -96,841. -62,611. **Beginning of Current Year** End of Year 6 20 Total assets (Part X. line 16) 958,056. 1,131,470. 21 Total liabilities (Part X, line 26)... 2,614. 6,793. 951,263 22 Net assets or fund balances. Subtract line 21 from line 20. ,128,856 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Amy Gillett Signature of officer 6/25/19 Sign Here AMY GILLETT EXECUTIVE DIR Type or print name and title Print/Type preparer's name Date WALTERS MAX A. WALTERS MAX A 00252071 Paid ► WALTERS & KONDRASHEFF, Preparer Use Only 4 CARBONERO WAY SUITE A -0096938 SCOTTS VALLEY, CA 95066 429-8617 May the IRS discuss this return with the preparer shown above? (see instructions). X Yes BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) TEEA0101L 08/20/18

Form	990 (2018) THE RAECHEL & JACKIE FOUNDATION (RJF)	46-3546942 Page 2
Par		
	Check if Schedule O contains a response or note to any line in this Part	III X
1	Briefly describe the organization's mission:	
	TO IMPROVE ACCESS, QUALITY AND RELEVANCE OF EDUCA	TION FOR YOUTH IN CENTRAL AMERICA.
2	Did the organization undertake any significant program services during the year which	
	Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	No. 1
3	Did the organization cease conducting, or make significant changes in how it co	onducts, any program services? Yes X No
1	If "Yes," describe these changes on Schedule O.	area largest program corvings, as measured by expenses
4	Describe the organization's program service accomplishments for each of its th Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	it of grants and allocations to others, the total expenses,
	and revenue, if any, for each program service reported.	
4 a	(Code:) (Expenses \$118,570. including grants of \$) (Revenue \$)
	SEE SCHEDULE O	
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code) (Expenses V moduling grants of V) (Nevenue V)
		+
		†
4 d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$
4 e	Total program service expenses ► 118,570.	
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Par	Checklist of Required Schedules			
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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
	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.			Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		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 temporarily restricted endowments, permanent endowments, or 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.			
8	a 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	
t	b Did the organization report an amount for investments – other securities in Part X, line assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(c 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.	11 c		Х
C	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11e		Х
f	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	11 f		Х
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
Ł	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
ŀ	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 for a foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.			Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)			Х
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		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H			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
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Pa	Checklist of Required Schedules (continued)			
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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a 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		
	c 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		
	a 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		Х
1	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 I.	25b		Х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	_
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	140
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	28
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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..... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q... 3 b 4 a 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)? X 4a **b** If 'Yes,' enter the name of the foreign country: **b** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... X 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a 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? X 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6 b Organizations that may receive deductible contributions under section 170(c). a 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?.... 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X Form 8282?.... 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X X 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... 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. a 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? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 11 b 12a 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. | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O....... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,' complete Form 4720, Schedule O. BAA Form 990 (2018)

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Form 990 (2018) THE RAECHEL & JACKIE FOUNDATION (RJF) 46-3546942 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a 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 1 a 5 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 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 1 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 X 7 a 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?.... X 7 a 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?..... X 86 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 in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a 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?.... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...SEE. SCHEDULE. Q. X 12 c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 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? a The organization's CEO, Executive Director, or top management official. . SEE . SCHEDULE . O X 15 a **b** Other officers or key employees of the organization..... X 15 b 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?..... X 16 a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 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 Another's website X Upon request Other (explain in Schedule O) 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) (D) (E) (F) Average hours Reportable compensation from Reportable compensation from Estimated amount of other per week the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) compensation Former Officer employee Individual Highest compensated from the nstitutional (list any hours for related organiza-tions cey employee trustee l trustee below dotted line) (1) APRIL JERNBERG 0 DIRECTOR 0 X 0 0. 0 .5 (2) VENESSA MADRIGAL DIRECTOR 0 0 0. 0. (3) CALLY HOUCK .5 TREASURER/SEC 0 0. X 0 0 . 5 (4) ANN ENDRIS 1 VICE PRESIDENT X 0. 0 X 0. 0 ANYA SPEAR .5 PRESIDENT 0 X X 0 0 0. AMY SOONI GILLETT 24 EXECUTIVE DIR. 0 X 37,240 0 0. (7) (8) (9) (10)(11)(12)(13)(14)

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1	complete this table for your five highest compensated independent contractors to compensation from the organization. Report compensation for the calendar year ending	with or within the organization's tax	year.
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above \$100,000 of compensation from the organization ▶ 0) who received more than	
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		Check if Schedule O	contains	a respo	onse or note to any	line in this Part VII	1		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns.		1 a		division was			
irar	b	Membership dues		1 b					
S, C	С	Fundraising events		1 c					
Sift	2.50	Related organizations.		1 d					
imil	е	Government grants (contributi	ions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, similar amounts not included	grants, and	1f	22,827.				
o II	1	Noncash contributions included			22,027.	STUDIED TO			
Sor	_	Total. Add lines 1a-1f.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22,827.			
<u>e</u>					Business Code	22,027.		100	
Program Service Revenue	2a	CULTURAL IMMERSION	PROG.						
Re	b						3		
ice	С								
Serv	d								
E	е								
gra	f	All other program servi	ce revenu	ie					
P	g	Total. Add lines 2a-2f.					MALE TO SERVE SERVE	ALL STREET	I WILLIAM TO THE REAL PROPERTY.
	3	Investment income (inc	ludina di	vidends	, interest and				
	1876	Investment income (incother similar amounts)				47,451.	47,451.		
	4	Income from investmen	nt of tax-e	exempt	bond proceeds >				
	5	Royalties			>				
			(i) F	leal	(ii) Personal				
	27171633	Gross rents							
		Less: rental expenses				The state of			
		Rental income or (loss)							
	d	Net rental income or (lo	oss)						
	7 a	Gross amount from sales of	(i) Sec	3985 AV	(ii) Other				
		assets other than inventory	259	,864.					
	b	Less: cost or other basis							
		and sales expenses		,268.					
		Gain or (loss)	5	,596.					
	d	Net gain or (loss)				5,596.	5,596.		
Other Revenue	8 a	Gross income from fund (not including \$							
eve		of contributions reporte			1				
E.		See Part IV, line 18							
the	1,000	Less: direct expenses.							
δ		Net income or (loss) from		TELESTINES (SE)					
	9 a	Gross income from gan See Part IV, line 19	ning activ	ities a					
		Less: direct expenses							
1	C	Net income or (loss) fro	m gamin	g activi	ties▶				
	10 a	Gross sales of inventor and allowances	y, less re	turns				a system	
	b	Less: cost of goods sole							
		Net income or (loss) fro							NAME OF TAXABLE PARTY.
3		Miscellaneous Reveni			Business Code				The state of the later of
	11 a								
	b								
	c								
0	d	All other revenue							
	е	Total. Add lines 11a-11	d						
	12	Total revenue. See inst	ructions.			75,874.	53,047.	0	. 0.
BAA					TEEAC	0109L 08/03/18			Form 990 (2018)

TEEA0109L 08/03/18

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.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	37,240.	37,240.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	910.	910.		
9	Other employee benefits	0201	320.		
	Payroll taxes	3,185.	3,185.		
11	Fees for services (non-employees):	0/2001	0/200.		
a	Management				
b	Legal	822.		822.	
	: Accounting	1,349.		1,349.	
	Lobbying	2/015.		1/545.	
•	Professional fundraising services. See Part IV, line 17			A THE REAL PROPERTY.	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	10 101		10 101	
12	(A) amount, list line 11g expenses on Schedule 0.)	10,101.	011	10,101.	
13	Office expenses	211.	211.		
14	Information technology.	194.	150.	44.	
15	Royalties.				
16	Occupancy.				
17		2,340.	2 240		
33.	Payments of travel or entertainment expenses for any federal, state, or local public officials.	2,340.	2,340.		
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,196.	3,777.	209.	210.
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PAYROLL EXPENSE NICARGUA	30,000.	30,000.		
	DIRECT FIELD PROJECT EXPENSES	22,842.	22,842.		
C	MEETINGS	7,666.	7,666.		
d	PAYROLL EXPENSE - HEALTH INS.	6,664.	207.	6,457.	
	All other expenses.	10,765.	10,042.	683.	40.
25	Total functional expenses. Add lines 1 through 24e	138,485.	118,570.	19,665.	250.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

BAA

Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X........ (B) End of year (A) Beginning of year 73,157 1 45,833. Cash - non-interest-bearing...... 2 2 Savings and temporary cash investments 605 606. 3 Pledges and grants receivable, net 3 4 203. 62 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L... 6 Notes and loans receivable, net 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10a 27,932 b Less: accumulated depreciation 10b 22,002. 10,126. 10 c 5,930. 11 Investments – publicly traded securities..... 1,046,970 11 904,934. Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11............. 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11..... 550. 15 550. Total assets. Add lines 1 through 15 (must equal line 34)..... 16 1,131,470. 16 958,056. Accounts payable and accrued expenses..... 17 2,614. 6,793 17 18 Grants payable 18 19 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties........ 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25. 26 6,793. 2,614. Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets..... 27 28 Permanently restricted net assets..... 29 X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 1,128,856. 32 951,263. 33 1,128,856. 33 951,263. 34 1,131,470 34 958,056. TEEA0111L 08/03/18

Forn	n 990 (2018) THE RAECHEL & JACKIE FOUNDATION (RJF) 46-3	54694	2	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets	1177			
	Check if Schedule O contains a response or note to any line in this Part XI				🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,8	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	38,4	85.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	62,6	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		28,8	
5	Net unrealized gains (losses) on investments.	5		14,9	Children Co.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
D		10	9	51,2	63.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				🗌
			5000000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			VA S	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis		A STATE OF THE PARTY OF THE PAR		
ŀ	b Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
(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 in Schedule O.				
3 8	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
k	o 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		. 3b		
BAA				990 (2018)
				TANK THE ST	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990 EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name o	f the	organization					Emplo	yer identifica	tion number
THE	R	AECHEL & JACKIE FOU	NDATION (RJF)				46-	354694	2
Part	1	Reason for Public Cha	rity Status (All o	rganizations must o	comp	lete thi	s part.) See	instruc	tions.
The c	rga	nization is not a private found	ation because it is:	(For lines 1 through 12,	check	only on	e box.)		
1	Г	A church, convention of church	es, or association of c	hurches described in sec	tion 17	'0(b)(1)(A)(i).		
2	Г	A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-E	(Z).)			
3		A hospital or a cooperative h	ospital service organ	nization described in sec	ction 1	70(b)(1)	A)(iii).		
4	Г	A medical research organizat	tion operated in conj	unction with a hospital	descri	bed in se	ction 170(b)(1))(A)(iii). E	nter the hospital's
		name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle					tal unit de	escribed in
6		A federal, state, or local gove	ernment or governme	ental unit described in s	ection	170(b)(1)(A)(v).		
7	X	An organization that normally rin section 170(b)(1)(A)(vi). ((eceives a substantial (Complete Part II.)	part of its support from a	govern	mental u	nit or from the g	general pub	olic described
8	L	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	1.)				
9		An agricultural research organizor university or a non-land-gran	nt college of agriculture	e (see instructions). Enter	the n	ame, city	and state of th		
10									
10	L	An organization that normally refrom activities related to its einvestment income and unrel June 30, 1975. See section 5	xempt functions—su	hiect to certain exception	ons à	ad (2) no	more than 33	-1/3% of i	s support from aross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. S	ee sectio	n 509(a)(4).		
12		An organization organized ar or more publicly supported or lines 12a through 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) (supporting organization	or sec	t ion 509(omplete	a)(2). See s e ct lines 12e, 12f,	tion 509(a and 12g.	(3). Check the box in
а	L	Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec and B.	ed, or controlled by its sup t a majority of the directo	ported rs or tr	d organiza rustees of	tion(s), typically the supporting	y by giving organization	the supported on. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection in the same persons that c	with i	ts suppo or manag	rted organizati e the supported	on(s), by I organizat	having control or on(s). You
С		Type III functionally integrated, organization(s) (see instruction	A supporting organiza	tion operated in connection plete Part IV, Sections	n with, A, D , a	and func	tionally integrate	ed with, its	supported
d		Type III non-functionally integr functionally integrated. The o instructions). You must comp	ated. A supporting organization generally older Part IV. Section	ganization operated in cor y must satisfy a distribuns A and D, and Part V.	nnection tion re	n with its equireme	supported orga nt and an atter	anization(s) ntiveness	that is not requirement (see
е		Check this box if the organizatintegrated, or Type III non-fu	ation received a writt	ten determination from	the IR				
		iter the number of supported of							1055 · · ·
g	Pr	ovide the following information	n about the supporte	d organization(s).					
() Na	ime of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	org and	i) Is the zation lister governing cument?	support (see in	monetary estructions)	(vi) Amount of other support (see instructions)
					Yes	No			
(A)									
(B)									
(-)	_				1				
(C)						-			
(D)									
(E)									
Total					15/18	124			

Page 2

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

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

Sec	tion A. Public Support						
beg	endar year (or fiscal year inning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do pet include any 'unusual grants.')	23,356.	39,738.	39,851.	20,620.	22,827.	146,392.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	23,356.	39,738.	39,851.	20,620.	22,827.	146,392.
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)						18,144.
6	Public support. Subtract line 5 from line 4						128,248.
Sec	tion B. Total Support						
Cale begi	endar year (or fiscal year inning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	23,356.	39,738.	39,851.	20,620.	22,827.	146,392.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		40,323.	30,185.	32,065.	47,451.	150,024.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						296,416.
12	Gross receipts from related activit	ties, etc. (see inst	tructions)				0.
13	First five years. If the Form 990 is for organization, check this box and s	or the organization'	s first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	tion C. Computation of Pub	lic Support Pe	ercentage				
14	Public support percentage for 201	8 (line 6, column	(f) divided by line	11, column (f)).			43.27 %
15	Public support percentage from 2	017 Schedule A, F	Part II, line 14			15	0.00%
16a	33-1/3% support test—2018. If the and stop here. The organization of	e organization did qualifies as a publ	I not check the book icly supported org	x on line 13, and anization	line 14 is 33-1/3%	or more, check the	his box ► X
b	33-1/3% support test—2017. If the and stop here. The organization of	e organization did qualifies as a publ	not check a box o licly supported org	n line 13 or 16a, ganization	and line 15 is 33-	1/3% or more, che	eck this box
17a	10%-facts-and-circumstances tes or more, and if the organization mets the 'facts-	neets the tacts-ar	id-circlimetances'	tact chack this h	ov and cton have	Evolain in Dart \/	hour
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	neets the 'facts-ar -circumstances' te	nd-circumstances' est. The organizati	test, check this bon qualifies as a	oox and stop here, publicly supported	Explain in Part V dorganization	I how the▶
18	Private foundation. If the organiza	ation did not chec	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	box and see instru	uctions ►
ВАА					Sche	dule A (Form 990	or 990-EZ) 2018

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	tion A. Public Support						
	dar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
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 under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
Entres	First five years. If the Form 990 i organization, check this box and	stop here		nd, third, fourth	, or fifth tax year as	a section 501(d	s)(3) ▶ □
	tion C. Computation of Pub	AND THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PER					
	Public support percentage for 20	STORY OF THE POST OF THE PROPERTY OF THE PROPERTY OF THE POST OF T	The second secon	20.000	A CONTRACTOR OF THE PROPERTY O	The second secon	
	Public support percentage from 2					16	%
13/22/11	tion D. Computation of Inve				Turner - was		
17	Investment income percentage for						
18	•		그렇게 얼마나 하게 되었는 그리겠다면서 얼마나 하나 하나 있다.				
	33-1/3% support tests—2018. If the is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifie	s as a publicly supp	orted organizati	on ▶ 📗
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization	qualifies as a public	ly supported or	ganization
	Private foundation. If the organiz	ation did not che					
RAA			TFFA04031	06/07/18	Sc	hedule A (Form	990 or 990-F7) 2018

Part IV Supporting Organizations

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

Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
38	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	100	
ŀ	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.	3b	E STATE	
(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.	3c		
48	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.	4a		
Ł	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.	4b		
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.	4c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
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).	7		
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).	8	JEL	- 250
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 .	9a		
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 .	9b		
С	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.	9c		53.5
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.	10a		
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.)	10a		
BAA	TERMANI DEIOZIJO Schodula A (Form 00	0 0 0 00		0010

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.

Schedule A (Form 990 or 990-EZ) 2018 THE RAECHEL & JACKIE FOUNDATION (RJF)

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

Sac	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
360	IOII A — Aujusteu Net IIIcome		(v) Filor real	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):	rt		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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	THE PARTY OF THE	
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 (see instructions).	ntegrated	Type III supporting or	ganization

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Par	Type III Non-Functionally Integrated 509(a)(3) Su				
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes			
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 su	pported organiz	zations		
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 Part VI). See instructions.	e details			
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)	(i) Exces Distributi		(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018		W. B. U.		
a	From 2013				
Ŀ	From 2014		Aug 1		
_	From 2015			AVEN AND LOSSES	
	From 2016				
-	From 2017				
	f Total of lines 3a through e				TE IENEMAN
ç	Applied to underdistributions of prior years		45 516		THE PER SHARE
ŀ	Applied to 2018 distributable amount		ST 112		
	i Carryover from 2013 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D, line 7:				
a	Applied to underdistributions of prior years				
E	Applied to 2018 distributable amount		12.10		
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See				

7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7:

a Excess from 2014

b Excess from 2015.....

c Excess from 2016

d Excess from 2017.....

e Excess from 2018

BAA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

THE RAECHEL & JACKIE FOUNDATION (RJF)

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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.)

PART II, LINE 1 - UNUSUAL GRANTS

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.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE RAECHEL & JACKIE FOUNDATION (RJF)	46-3546942			
Parl	Organizations Maintaining Donor Advised Funds or Other S	milar Funds or Accounts.			
	Complete if the organization answered 'Yes' on Form 990, Pa	rt 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 asse are the organization's property, subject to the organization's exclusive legal contra	s held in donor advised funds ol?Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in writing the for charitable purposes and not for the benefit of the donor or donor advisor, or formpermissible private benefit?	at grant funds can be used only or any other purpose conferring Yes No			
Par	t II Conservation Easements.	N 10000 MM 1000 MM 1			
	Complete if the organization answered 'Yes' on Form 990, Pa				
1	Purpose(s) of conservation easements held by the organization (check all that appropriate the conservation of the conservation easements held by the organization (check all that appropriate the conservation of the conservation easements held by the organization (check all that appropriate the conservation of the conservation easements held by the organization (check all that appropriate the conservation easements held by the organization (check all that appropriate the conservation easements) are conservation easements.	19 14			
		eservation of a historically important land area			
		eservation of a certified historic structure			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contributilast day of the tax year.	A CONTRACTOR OF THE CONTRACTOR			
	¥11	Held at the End of the Tax Year			
	Total number of conservation easements	ENCHOLOU AND HOUSE BOOK AND THE SECOND SECON			
	Total acreage restricted by conservation easements				
		1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (2009) 1 (
C	Number of conservation easements included in (c) acquired after 7/25/06, and no structure listed in the National Register				
3	Number of conservation easements modified, transferred, released, extinguished, or tentax year ▶	minated by the organization during the			
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, instand enforcement of the conservation easements it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	enforcing conservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	rcing conservation easements during the year			
8	Does each conservation easement reported on line 2(d) above satisfy the require	ments of section 170(h)(4)(B)(i)			
0	and section 170(h)(4)(B)(ii)?	les like			
9	include, if applicable, the text of the footnote to the organization's financial state conservation easements.	ments that describes the organization's accounting for			
Par	Organizations Maintaining Collections of Art, Historical Tree Complete if the organization answered 'Yes' on Form 990, Pa	asures, or Other Similar Assets. art IV, line 8.			
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo art, historical treasures, or other similar assets held for public exhibition, education, or in Part XIII, the text of the footnote to its financial statements that describes the	research in furtherance of public service, provide, se items.			
ł	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, or rese following amounts relating to these items:	earch in furtherance of public service, provide the			
	(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 as amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	ms:			
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
BAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 10/10/18 Schedule D (Form 990) 2018			

Part III Organizations Maintaining Collection	ons of Art, Historica	l Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, and o items (check all that apply):	ther records, check any of	the following that are	a significant use of its o	collection
a Public exhibition	d Loan or ex	change programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collections Part XIII.	and explain how they furth	er the organization's	exempt purpose in	
5 During the year, did the organization solicit or rec to be sold to raise funds rather than to be maintain	ined as part of the organi	zation's collection?.		Yes No
Part IV Escrow and Custodial Arrangemen line 9, or reported an amount on Fo			wered 'Yes' on For	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodian or on Form 990, Part X?			assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII and	complete the following ta	ble:		
				Amount
c Beginning balance				
d Additions during the year.				
e Distributions during the year				
f Ending balance			1f	T.,
2 a Did the organization include an amount on Form 9				
b If 'Yes,' explain the arrangement in Part XIII. Che	ck here if the explanation	has been provided	on Part XIII	
T- T-				
Part V Endowment Funds. Complete if the			m 990, Part IV, Iir	
(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the current y	rear end balance (line 1g.	column (a)) held a	s;	
a Board designated or quasi-endowment	%			
b Permanent endowment ► %				
c Temporarily restricted endowment	%			
The percentages on lines 2a, 2b, and 2c should equa	1 100%.			
3 a Are there endowment funds not in the possession of to organization by:	he organization that are he	ld and administered t	or the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				
b If 'Yes' on line 3a(ii), are the related organizations				
4 Describe in Part XIII the intended uses of the organization	· ·			00
Part VI Land, Buildings, and Equipment.	STREETHOUS STREETHOUS TO			
Complete if the organization answer	red 'Yes' on Form 99	00, Part IV, line	11a. See Form 990	0, Part X, line 10.
Description of property (a)	Cost or other basis (b) (investment)) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		i		
b Buildings				
c Leasehold improvements.				
d Equipment		27,932.	22,002.	5,930.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colum	nn (B), line 10c.)	>	5,930.
BAA				ule D (Form 990) 2018

Part VII Investments – Other Securities.	IVI F 000	N/A
(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.	(b) book value	(C) Method of Valuation, cost of end-of-year market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.		N/A
Complete if the organization answered	'Yes' on Form 990	D, Part IV, line 11c. See Form 990, Part X, line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(1) (a) Des	scription	D, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(2)		
(3)		
(4) (5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on Fo		le of 11f. See Form 990, Part X, line 25.
(a) Description of liability (1) Federal income taxes	(b) Book value	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		《美华》
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot tax positions under FIN 48 (ASC 740). Cheek here if the text of the footsets here.		
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	- AND MARKET CONTRACTOR OF THE PARTY OF THE	
DAA	TEEA3303L 10/10/18	Schedule D (Form 990) 20

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A
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 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	17. 5
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	1000
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
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	
b Prior year adjustments	3.93
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
Part XIII Supplemental Information.	

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

THE RAECHEL & JACKIE FOUNDATION (RJF)

46-3546942

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

CREATED A NEW COMPUTER LITERACY LEARNING LAB AT A SECONDARY SCHOOL IN LA CHINA REGION, CENTRAL NICARAGUA AND TRAINED TWENTY-TWO LOCAL TEACHERS FROM SIX RURAL COMMUNITIES IN COMPUTER LITERACY. AS A RESULT OF NEWLY TRAINED TEACHERS SEVENTY-ONE RURAL STUDENTS BECAME COMPUTER LITERATE FROM LA CHINA IN 2018.

CONTINUED TO TRAIN RURAL STUDENTS AND TEACHERS FROM SAN JUAN DEL SUR REGION, SOUTHERN NICARAGUA IN COMPUTER LITERACY AT THE TORTUGA EDUCATION CENTER, GRADUATING ANOTHER TWENTY-TWO STUDENTS IN 2018.

ENGAGED MORE THAN 40 COMMUNITY VOLUNTEERS TO IMPROVE ACCESS, QUALITY AND RELEVANCE OF EDUCATION WITHIN THEIR COMMUNITIES.

ENGAGED TWO GRADUATE STUDENTS FROM THE MIDDLEBURY INSTITUTE OF INTERNATIONAL STUDIES IN MONTEREY TO DEVELOP PROGRAMMING AND MONITORING AND EVALUATION RESOURCES FOR OUR FELLOWS PROJECTS.

ENGAGED 3 STUDENTS FROM THE NATIONAL AUTONOMOUS UNIVERSITY OF MANAGUA TO EXPAND SISTCAPS WATER MANAGEMENT PROGRAMMING TO IMPROVE WATER EFFICIENCY IN TWO NEW COMMUNITIES AND TRAIN NINE LOCAL COMMUNITY MEMBERS ON ITS APPLICATION. AS A RESULT, COMMUNITIES DOUBLED THEIR MONTHLY SAVINGS AND 458 HOUSEHOLDS BENEFITED FROM IMPROVED WATER MANAGEMENT.

FACILITATED LEADERSHIP DEVELOPMENT WORKSHOPS FOR EIGHT COMMUNITY FELLOWS TO TRAIN THEM IN LEADERSHIP TOPICS RELATED TO: COMMUNICATION, CRISIS MANAGEMENT, COMMUNITY FACILITATION, PROJECT DEVELOPMENT, ETC.