			EXTENDED TO MAY 15, 2020	Incomo Tox	OMB No. 1545-0047				
Form 990			Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		0040				
			Do not enter social security numbers on this form as it may	LUIO Open to Public					
	Internal Revenue Service Form990 for instructions and the latest information.								
A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019									
B Check if applicable: C Name of organization									
	Addre	a. III a	ILLMENT FUND						
	chang Name	3	usiness as	95-318	30934				
	_chang Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/su						
		6100	WILSHIRE BLVD., SUITE 600 600	(323)	900-8721				
	⊥returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,845,305.				
	Amer	ided TOC	ANGELES, CA 90048	H(a) Is this a group retu					
	Appli Ition		nd address of principal officer: JOANNE REYES	for subordinates?					
	pend		WILSHIRE BLVD., SUITE 600, LOS ANGELES						
11	ax-ex	empt status:		If "No," attach a lis					
			FULFILLMENT.ORG	H(c) Group exemption r					
ΚF	orm o	f organization:	X Corporation Trust Association Other ▶ L Ye	ear of formation: 1977 M S					
	art I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities: FULFILLME	INT FUND MAKES	COLLEGE A				
Governance			FOR STUDENTS FROM ECONOMICALLY AND EDU						
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net asset	S.				
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		25				
	4	Number of inc	4	25					
80 80	5	Total number	5	56					
Activities &	6	Total number	of volunteers (estimate if necessary)	6	272				
ctiv	7 a		d business revenue from Part VIII, column (C), line 12		0.				
_ <	b	Net unrelated	business taxable income from Form 990-T, line 38		0.				
			_	Prior Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)	2,800,488.	2,495,146.				
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	100,195.	56,514.				
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	105,020.	21,940.				
щ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,005,703.	2,573,600.				
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	412,425.	347,925.				
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.				
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,110,307.	2,623,584.				
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.				
đx	b		ng expenses (Part IX, column (D), line 25) 722,234.	1 484 580	1 000 004				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,474,572.	1,280,024.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,997,304.	4,251,533.				
	19	Revenue less	expenses. Subtract line 18 from line 12	-1,991,601.	-1,677,933.				
S OL				Beginning of Current Year	End of Year				
Net Assets or	20	Total assets (F		3,351,351.	1,479,365.				
etA	21		(Part X, line 26)	545,671.	355,613.				
			fund balances. Subtract line 21 from line 20	2,805,680.	1,123,752.				
	art II			and the second					
			I declare that I have examined this return, including accompanying schedules and state		iowledge and belief, it is				
true	corre	ci, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	rer nas any knowledge.					
Sig	n	Signature	e of officer	Date					

Here	📘 JOANNE REYES, PRESIDEN'	Г								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	NAZ AFSHAR	math p	06-29-2020 self-employed P00441843							
Preparer	Firm's name 🕒 GURSEY 🕴 SCHNEID	ER LLP	Firm's EIN ▶ 95-3309779							
Use Only	Firm's address 🖌 1888 CENTURY PAR	к Е, #900								
	LOS ANGELES, CA	90067	Phone no. 310 - 552 - 0960							
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No							
832001 12-3	332001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) FULFILLMENT FUND 95	-3180934	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FULFILLMENT FUND MAKES COLLEGE A REALITY FOR STUDENTS FROM ECONOMICALLY AND EDUCATIONALLY UNDERRESOURCED COMMUNITIES.	THROUGH	
	IN-DEPTH AND INDIVIDUALIZED SUPPORT, EACH YEAR FULFILLMENT		<u>с</u>
	THOUSANDS OF FIRST-GENERATION, LOW-INCOME STUDENTS GO TO AN		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, a	nd
	revenue, if any, for each program service reported.	E C	<u>E14</u>
4a	(Code:) (Expenses \$1,888,947. including grants of \$) (Revenue \$ _		514.)
	FUND PARTNER HIGH SCHOOL RECEIVE CLASSROOM-BASED INSTRUCTIO		
	ONE-ON-ONE COLLEGE AND FINANCIAL AID COUNSELING FROM MASTER		
	COUNSELORS, SAT AND ACT PREPARATION, COLLEGE SITE VISITS AN		
	EXPERIENTIAL LEARNING ACTIVITIES. OUR PROGRAMS OPEN YOUNG P		YES
	TO THE POSSIBILITY OF HIGHER EDUCATION, AND CHANGE THEIR BE	LIEFS ABO	UT
	WHAT THEY ARE CAPABLE OF ACHIEVING. THIS PROGRAM SERVES 1,7	00 STUDEN	TS.
46	(Code:) (Expenses \$ 575, 479. including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$5/5,4/9. including grants of \$) (Revenue \$) (Reve	TH A CART	NG)
	COMMITTED ADULT MENTOR VOLUNTEER WHO PROVIDES ONE-ON-ONE SU		-
	GUIDANCE ON THE STUDENTS PATH TO HIGH SCHOOL GRADUATION AND		
	TO COLLEGE. THE FULFILLMENT FUND PROVIDES IN-DEPTH TRAINING	TO ALL	
	MENTORS, AS WELL AS ONGOING SUPPORT TO EACH MENTOR-STUDENT	TEAM. THI	S
	PROGRAM SERVES 240 STUDENTS.		
4c	(Code:) (Expenses \$746,800. including grants of \$347,925.) (Revenue \$)
	COLLEGE SUCCESS PROGRAM: FULFILLMENT FUND STUDENTS MATRICUL	ATING TO	,
	COLLEGE ARE ELIGIBLE TO COMPETE FOR FULFILLMENT FUND COLLEG	E	
	SCHOLARSHIPS, WHICH NOT ONLY PROVIDE FINANCIAL ASSISTANCE E		
	COMBINED WITH COUNSELING AND ADVISING SUPPORT TO PROVIDE AC		
	CAREER AND WORKFORCE READINESS SERVICES SO THEY CAN COMPLET		
	DEGREE AND EMBARK ON A PROFESSIONAL CAREER. FULFILLMENT FUN		
	SCHOLARS EARN THEIR BACHELOR'S DEGREES AT SEVEN TIMES THE N		
	AVERAGE (78% VS. 11%) OF STUDENTS FROM SIMILAR BACKGROUNDS. GRADUATE FROM COLLEGE, FULFILLMENT FUND ALUMNI ARE ENCOURAG		
	SUPPORT THE ORGANIZATION AND THE NEXT GENERATION OF STUDENT		
		HE WORK O	
	THE FULFILLMENT FUND PERPETUATES A CYCLE OF GIVING IN THE C		
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,211,226.		
		Form 9	90 (2018)
832002	2 12-31-18 SEE SCHEDULE O FOR CONTINUATION(S)		

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Form 990 (2018) FULFILLMENT FUND
Part IV Checklist of Required Schedules

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effort			
	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		X
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, Pa	rt I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	ounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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		х	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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 Form 990 (2018)
 FULFILLMENT
 FUND

 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								
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		X					
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	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								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	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								
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or								
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"								
	complete Schedule L, Part II	26		X					
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		X					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X					
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,								
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X					
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		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34	Х						
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							
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		X					
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								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?								
	Note. All Form 990 filers are required to complete Schedule O	38	Х						
Pa									
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16								
b									
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								

(gambling) winnings to prize winners?

1c

	990 (2018) FULFILLMENT FUND 95-3180	934	Pa	age 5				
Par	t 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 56							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		v				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>				
	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			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		х				
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>				
	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	60		х				
Ь	any contributions that were not tax deductible as charitable contributions?	6a		<u></u>				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b						
7	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					
		7b	X					
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70						
C		7c		х				
Ь		10						
e	d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f		7e 7f		X				
g								
•	h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?							
8								
•	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?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
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.							
а	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							
с	Enter the amount of reserves on hand 13c							
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? 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							
	excess parachute payment(s) during the year?	15		X				
	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		X				
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2018)
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Form	990 (2018) FULFILLMENT FUND		95-3180		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
						X
Sec	ion A. Governing Body and Management					
		I			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	25	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		25			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-		7.		x
Ь	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		
b	and a three three second in the d. O			7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
8				8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9	Each committee with authority to act on behalf of the governing body?				- 23	
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Re			_ J		
	This section b requests information about policies not required by the internal Re	venue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
			,,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		5			
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA		- /			<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)	s only) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain		,	. C.,		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	iflict of	interest policy, and	i financ	al	
00	statements available to the public during the tax year.	40				
20	State the name, address, and telephone number of the person who possesses the organization's boo JOANNE REYES - 323-900-8721	ks and	a records 🕨			
		048				
832006	12-31-18			Form	990	(2018)

Form 990 (2	2018) FULFILLMENT FUND	95-3180934	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Average Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ANNE SWEENEY	1.00	_								
DIRECTOR		х						0.	0.	0.
(2) BRIAN K. WERDESHEIM	1.00									
DIRECTOR		х						0.	Ο.	0.
(3) CARL SCHUSTER	1.00									
DIRECTOR		Х						0.	0.	0.
(4) CARLA MANN WOODS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CHARLES KAPLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CHERNA GITNICK	1.00									
CO-FOUNDER		Х						0.	0.	0.
(7) CHRIS MELEDANDRI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DALE ROSENBLOOM	1.00									
DIRECTOR		X						0.	0.	0.
(9) DAVID CASARES	3.00									•
DIRECTOR	1 00	X						0.	0.	0.
(10) DAVID HUGHES	1.00								0	0
DIRECTOR	10.00	Х						0.	0.	0.
(11) ERIC ESRAILIAN, M.D.	10.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) ERIC KRAUTHEIMER	1.00								0	0
DIRECTOR	10.00	Х						0.	0.	0.
(13) GARY GITNICK	10.00	77		77				0.	0	0
CHAIRMAN AND FOUNDER	1 00	Х		Х		-		0.	0.	0.
(14) HARLAN SPINNER DIRECTOR	1.00	х						0.	0.	0
(15) JANA WARING GREER	1.00	A						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(16) JANICE GOLDMAN	1.00	~						0.	0.	0.
DIRECTOR	<u> </u>	х						0.	0.	0.
(17) JEFF SMITH	1.00							<u>0</u> .		<u>v</u> .
DIRECTOR		x						0.	0.	0.
	1		1	1	1	1	1		J	

Form 990 (2018) FULFILLME	NT FUNE)							95-31	809	34	Pa	ge 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi		۱ than c	one	Reportable	Reportable		Esti	mateo	b
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation			ount c	of
	week		Jer an	a a a	recio	n/trus	lee)	from	from related			ther	
	(list any	recto						the	organizations		comp		
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)		m the	
	organizations	ustee	trust		9	bens		(W-2/1099-MISC)			•	nizatio	
	below	ual tr	tional		ploye	t con					organ	relate	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organ	1124110	113
(18) KATHLEEN ROSENBLOOM	1.00		-	0	¥	Ξæ	ш			-			
DIRECTOR		x						0.		0.			0.
(19) LINDY HUANG WERGES	1.00												
DIRECTOR		x						0.		0.			0.
(20) MARCO MENDOZA	1.00									<u> </u>			••
DIRECTOR	1.00	x						0.		0.			0.
(21) MARK GORDON	1.00									<u> </u>			••
DIRECTOR	1.00	x						0.		0.			0.
(22) MONICA AUSTIN	1.00									<u> </u>			••
DIRECTOR	1.00	x						0.		0.			Ο.
(23) PAMELA BUFFETT	1.00									<u> </u>			••
DIRECTOR	1.00	х						0.		0.			Ο.
(24) RICH ROSS	1.00									<u> </u>			••
DIRECTOR	1.00	х						0.		0.			Ο.
(25) ROBERT GOLDMAN	1.00									<u> </u>			••
DIRECTOR	1.00	х						0.		0.			Ο.
(26) TRACY HERRIOTT	1.00												••
DIRECTOR	1.00	x						0.		0.			Ο.
the Such total		- 23						0.		0.			0.
								618,359.		0.			0.
c Total from continuation sheets to Part VII								618,359.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no 										J •			••
2 Total number of individuals (including but no compensation from the organization		ose	iiste	u au	ove) wii	0 ie	eceived more than \$100,	000 of reportable				5
											,	/es	No
3 Did the organization list any former officer,	director or tri	istor	, ka	vor	مامد		orl	highest componented or		Г			110
											3		Х
line 1a? If "Yes," complete Schedule J for su										·· -	3		
4 For any individual listed on line 1a, is the su	-							-	-		4	x	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										··· -	4		
								0			5		х
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	olete Schedule	<u>ə J to</u>	or su	icn r	bers	on .				··	5		21
1 Complete this table for your five highest cor	nnoncotod ind	lono	ndor	at oc	ntra	oto	o th	ant reactived more than ¢	100 000 of compo	nooti			
the organization. Report compensation for t	•	•							•	nsan			
(A)	ne oalendar ye		- Tuli	<u>ig w</u>		<u> </u>		(B)			(C)		
Name and business	address	NC	ONE	2				Description of s	ervices	Co	mpens		
							_						
							\neg						
• Total number of index or dept contraction for		at 1 1	ait = -		-he-				we then				
2 Total number of independent contractors (in	Ciucing but h	JUIN	mee	1 10 1	110S	se IIS N	rea	abovej who received mo					

	MENT FUNI								95-318	0934
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd F	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ľ		Reportable	Reportable	Estimated
	hours	(c	hecł	k all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				o yee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	u pen:				and related organizations
	below	dual ti	tiona		n plo	stcor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) WENDY SPINNER	1.00	-	-		-	-	4			
DIRECTOR		х						0.	Ο.	0.
(28) SYLVIA TORRES	1.00									
DIRECTOR		x						0.	0.	0.
(29) JOSH KLINEFELTER	1.00									
PRESIDENT	1.00			x				0.	0.	0.
(30) MADELEINE SHERAK, PH.D	1.00			11				0.	0.	
VICE PRESIDENT	1.00			x				0.	0.	0.
(31) MARIA ESPINOSA BOOTH	40.00							0.	0.	0.
DIRECTOR	40.00	-		x				184,609.	0.	0.
(32) MARY ANN TODD, ESQ.	1.00			^				104,009.	0.	0.
SECRETARY	1.00	-		x				0.	0.	0.
(33) ALFRED R LEE	40.00							0.	0.	0.
	40.00	-						116 050	0	
EMPLOYEE	40.00					X		116,050.	0.	0.
(34) CHRISTINE JOANNE UY REYES	40.00	-						112 766	0	
EMPLOYEE	40.00					X		113,766.	0.	0.
(35) KADAR A LEWIS	40.00	-						100 004	0	
EMPLOYEE	40.00					X		102,934.	0.	0.
(36) ELIZABETH ZAMUDIO	40.00	-						101 000	•	
EMPLOYEE						X		101,000.	0.	0.
		1								
		1								
		1								
		1								
		1								
	I	1	I	·	I	I				
Total to Part VII, Section A, line 1c								618,359.		
TOTAL TO FAIL VII, SECTIONA, III P 10								010,339.		

Image: second of the secon		Check if Schedula O cost	aine a reenonce	or note to any lin	a in this Dart VIII			
Bit Description Description <thdescription< th=""></thdescription<>						Related or exempt function	Unrelated business	(D) Revenue exclu from tax un sections 512 - 514
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b	1 a	Federated campaigns	1a					
2 a PROGRAM SERVICE FEES b 900099 56,514. 56,514. a 7 a Investment income (including dividends, interest, and other similar amounts) a 0 b 0 c 0 a 10 b 0 c 0 a 0 b 0 c 0 a 0 c 0 a 0 b 0 c 0 a 0 a 0 b 0 c 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 b 0 c 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 a 0 b 0 b 0 c 0 a 0 a 0 a 0 b 0 b 0 c 0 a 0 a 0 b	b	Membership dues	1b					
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2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b	d							
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b	е							
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b	f							
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b		similar amounts not included abo	ve 1f 1,	688,295.				
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b	g	Noncash contributions included in lines						
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. b	h	Total. Add lines 1a-1f			2,495,146.			
2 a PROGRAM SERVICE FEES 900099 56,514. 56,514. a								
b c d d f All other program service revenue g Total. Add lines 2a:1 3 Investment income (including dividends, interest, and other similar amounts) other similar amounts) 4 1 1 1 6 a Gross rents 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </td <td>2 a</td> <td>PROGRAM SERVICE</td> <td>FEES</td> <td></td> <td>56,514.</td> <td>56,514.</td> <td></td> <td></td>	2 a	PROGRAM SERVICE	FEES		56,514.	56,514.		
g Total. Add lines 2a2t 3 investment income (including dividends, interest, and other similar amounts) 4 1 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 12, 721. b Less: cost or other basis and sales expenses 0. 12, 721. d Net generation or (loss) 12, 705. b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities. See a dross sales of inventory. Less returns and allowances a d and sale of joins sales of inventory. Less returns and allowances a d loss cost of goods sold b Less: cost of goods sold c								
g Total. Add lines 2a2t 3 investment income (including dividends, interest, and other similar amounts) 4 1 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 12, 721. b Less: cost or other basis and sales expenses 0. 12, 721. d Net generation or (loss) 12, 705. b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities. See a dross sales of inventory. Less returns and allowances a d and sale of joins sales of inventory. Less returns and allowances a d loss cost of goods sold b Less: cost of goods sold c	c							
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g Total. Add lines 2a:21 > 56, 514. 3 Investment income (including dividends, interest, and other similar amounts) 9, 219. 4 income from investment of tax exempt bond proceeds > 5 Royaties > 6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Char c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of assets other than inventory (ii) Securities a Gross income from fundraising events (not including \$ 806, 851. of contributions reported on line 10). See 12, 721. 8 a Gross income from fundraising events 0. 9 a Gross income from gaming activities. See 271, 705. b Less: direct expenses b c Net income or (loss) from gaming activities. See 0. 9 a Gross ales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from gaming activities. See > 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from gaming activities b c Net income or (loss) from sales of inventory </td <td>f</td> <td>All other program service reve</td> <td>enue</td> <td></td> <td></td> <td></td> <td></td> <td></td>	f	All other program service reve	enue					
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6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 0. c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) e 12,721. d Net gain or (loss) c Sectification or				-				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of inventory b Less: cost or other basis and sales expenses a Gross income from fundraising events (not including \$	U	noyanico						
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses a Gross income from fundraising events (not including \$ 806,851. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) b Less: direct expenses c 0. 271,705. c Net income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: const of goods sold c Net income or (loss) from gaming activities 10 a d Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Miscellaneous Revenue Miscellaneous Revenue Business Code	6 a	Gross rents						
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7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 0. 0. c Gain or (loss) 0. 12,721. 12 d Net gain or (loss) 0. 12,721. 12 8 a Gross income from fundraising events (not including \$		••••• •••						
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d Net gain or (loss) ▶ 12,721. 12 8 a Gross income from fundraising events (not including \$ <u>806,851.</u> of contributions reported on line 1c). See Part IV, line 18 a 271,705. 271,705. b Less: direct expenses b 271,705. 0. 9 9 a Gross income from gaming activities. See Part IV, line 19 a b 0. b Less: direct expenses b b 0. 9 c Net income or (loss) from gaming activities. See Part IV, line 19 a b 0. 9 b Less: direct expenses b b 0. 9 9 0. 9 c Net income or (loss) from gaming activities a b 0. 9 9 0. 9 0. 9 0. 9 0. 9 0.								
8 a Gross income from fundraising events (not including \$806,851. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold c					12 721			12,72
including \$806,851. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: cost of goods sold c		č			10,7210			12,72
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Miscellaneous Revenue Business Code	0 a							
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Miscellaneous Revenue Business Code								
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Miscellaneous Revenue Business Code				271 705				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Miscellaneous Revenue Business Code	h			271 705				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code					0			
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b					0.			
b Less: direct expenses c Net income or (loss) from gaming activities 10 a a a and allowances a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b a c a	9 a							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	b							
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c								
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a								
b Less: cost of goods soldb b b b b b b b b b b c c b c c b c c c c c c c c c c c c c c c c c c	iu a							
c Net income or (loss) from sales of inventory > <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
Miscellaneous Revenue Business Code Image: Code 11 a Image: Code Image: Code b Image: Code Image: Code c Image: Code Image: Code				·				
11 a	С							
b	4.4			Business Code				
c						<u> </u>		
						<u>├</u> ───┤		
d All other revenue						├		
e Total. Add lines 11a-11d								

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).												
	Check if Schedule O contains a respon	se or note to any line in										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	347,925.	347,925.									
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	432,451.	323,571.	19,489.	89,391.							
6	Compensation not included above, to disqualified											
	persons (as defined under section $4958(f)(1)$) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	1,849,175.	1,383,600.	83,337.	382,238.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	244 252			<u> </u>							
9	Other employee benefits	341,958.	269,191.	12,686.	60,081.							
10	Payroll taxes											
11	Fees for services (non-employees):											
а	Management											
b	Legal	41 840		41 840								
С	Accounting	41,742.		41,742.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g			240 015	40 004								
	column (A) amount, list line 11g expenses on Sch 0.)	376,762.	<u>249,915</u> . 4,198.	<u>49,894</u> . 736.	<u>76,953.</u> 1,022.							
12	Advertising and promotion	5,956.	4,198.	/30.	1,022.							
13	Office expenses											
14	Information technology											
15	Royalties	117 160	206 270	72 220	27 052							
16		417,462.	306,379.	73,230.	37,853.							
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	1,902.	1,820.	28.	54.							
19 00	Conferences, conventions, and meetings	1,304.	±,02U•	20.	54.							
20	Interest											
21 22	Payments to affiliates Depreciation, depletion, and amortization	25,029.	18,550.	4,276.	2,203.							
22	. [21,535.	15,417.	4,038.	2,203.							
23	Other expenses. Itemize expenses not covered	21,333.	15,117.	±,030•	2,000.							
24	above. (List miscellaneous expenses in line 24e. If line											
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	MEALS AND CULTURAL ACTI	94,808.	89,776.	1,475.	3,557.							
a h	MILEAGE AND PARKING	88,183.	62,723.	15,834.	9,626.							
с С	REPAIRS & MAINTENANCE	56,011.	20,592.	789.	34,630.							
d	NON CASH EXPENSES	50,711.	50,711.	0.	0.							
	All other expenses	99,923.	66,858.	10,519.	22,546.							
25	Total functional expenses. Add lines 1 through 24e	4,251,533.	3,211,226.	318,073.	722,234.							
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)											
	· · · · · · · · · · · · · · · · · · ·				Fauna 000 (0010)							

Form 990 (2018) FULFILLMENT FUND
Part IX Statement of Functional Expenses ation E01(a)(2) and E01(a)(4)

		Check if Schedule O contains a response or note	a to any	line in this Part Y			
			to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	260.
	2	Savings and temporary cash investments			1,460,651.	2	710,896.
	3	Pledges and grants receivable, net			191,990.	3	243,456.
	4	Accounts receivable, net			-	4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ted emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti					
ş		employees' beneficiary organizations (see instr).	Complet	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use		······		8	
	9	Prepaid expenses and deferred charges			92,543.	9	36,702.
	10a	Land, buildings, and equipment: cost or other		681 800			
		basis. Complete Part VI of Schedule D		671,728.	40 477		04 447
		Less: accumulated depreciation		647,281.	49,477.	10c	24,447.
	11	Investments - publicly traded securities			1 1 2 0 0 4 7	11	0.
	12	Investments - other securities. See Part IV, line 1		1,120,847.	12	<u> </u>	
	13	Investments - program-related. See Part IV, line 1	Г		13		
	14	Intangible assets			435,843.	14 15	463,604.
	15	Other assets. See Part IV, line 11			3,351,351.	15 16	1,479,365.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			538,641.	17	355,613.
	18	Grants payable		1,000.	18	0.	
	19	Deferred revenue	6,030.	19	0.		
	20	Tax-exempt bond liabilities		.,	20		
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees					
abil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelation				23	
	24	Unsecured notes and loans payable to unrelated	third pa	urties		24	
	25	Other liabilities (including federal income tax, pay	/ables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			545,671.	26	355,613.
		Organizations that follow SFAS 117 (ASC 958)		here ▶ <u> </u>			
ses		complete lines 27 through 29, and lines 33 and			2 221 602		E00 000
anc	27	Unrestricted net assets			<u>2,321,682.</u> 191,990.	27	588,288. 535,464.
Bal	28	Temporarily restricted net assets			292,008.	28 29	0.
pu	29	Organizations that do not follow SFAS 117 (AS			252,000.	29	0.
Ľ.		and complete lines 30 through 34.	50 950),				
0 S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	· · · · · · · · · · · · · · · · · · ·
Nei	33	Total net assets or fund balances			2,805,680.	33	1,123,752.
	34	Total liabilities and net assets/fund balances	3,351,351.	34	1,479,365.		
							Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

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Form	1990 (2018) FULFILLMENT FUND	95-31	80934	Pac	_{ge} 12
	rt XI Reconciliation of Net Assets				<u> </u>
	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	2,573	,60	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,251	.,53	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,677	7,93	33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,805	5,68	80.
5	Net unrealized gains (losses) on investments	5	-24	.,75	50.
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	20),75	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,123	3,75	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			- (

Form **990** (2018)

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

	Department of the Treasury Internal Revenue Service				Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection	
Nam	e of t	the organizati	on	-					Employer	identification numb	e
			FULF	ILLMENT FU	ND				9	5-3180934	
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction			-
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	Ŭ		-		on of churches described	•		1)(A)(i).			
2					(Attach Schedule E (Forn						
3					anization described in se			ii).			
4					njunction with a hospital)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from	ı
		activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support f	from gross investmen	ıt
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in	
	_	lines 12a thro	ough 12d that o	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.		
а				-	supervised, or controlled	• • • •	-				
					gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b				-	d or controlled in connect			•		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_	¬ -		t complete Part IV,							
С			-		g organization operated				lly integrate	ed with,	
_		7			s). You must complete I						
d			-		porting organization oper				-		
				• •	zation generally must sat	•		•	an attentiv	/eness	
		- ·	,	,	mplete Part IV, Sections						
е			•		written determination fro			Type I, Type	II, Type III		
	F			·	nally integrated supporti						—
		er the number		n about the supporte	d organization(a)						-
<u> g</u>		i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
	•	organization	ı		(described on lines 1-10	Yes	ing document?	support (see i	-	support (see instruction	
					above (see instructions))						_
											-
											_
Tota											

Schedule A (Form 990 or 990-EZ) 2018 FULFILLMENT FUND

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	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	4035626.	3422060.	4643710.	3030160.	2495146.	17626702.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	4035626.	3422060.	4643710.	3030160.	2495146.	17626702.					
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)						3496463.					
6	Public support. Subtract line 5 from line 4.						14130239.					
	ction B. Total Support											
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
	Amounts from line 4	4035626.	3422060.	4643710.	3030160.		17626702.					
	Gross income from interest,											
Ŭ	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	34,283.	43,273.	44,265.	31,952.	21,940.	175,713.					
0	Net income from unrelated business	51,205.	45,275.	11,203.	51,552.	21,940.	1/5,/15.					
9												
	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.)						17802415.					
	Total support. Add lines 7 through 10						µ/802415.					
	Gross receipts from related activities,		,			12						
13	First five years. If the Form 990 is for	e e					. —					
800	organization, check this box and stor ction C. Computation of Publi											
	•	••	•				70 27					
	Public support percentage for 2018 (I		•			14	79.37 %					
	Public support percentage from 2017					15	82.81 %					
16a	33 1/3% support test - 2018. If the c				14 is 33 1/3% or m	ore, check this bo						
	stop here. The organization qualifies	as a publicly supp	orted organization				► X					
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟					
17a	17a 10% -facts-and-circumstances test - 2018. 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 organization											
b	b 10% -facts-and-circumstances test - 2017. 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 supported organization											
18	Private foundation. If the organizatio	n did not check a	<u>oox on line 13,</u> 16a	<u>a, 16b, 17a, or 1</u> 7b	, check this box a	nd see instructions	s >					
						alula A (Eauna 000						

Schedule A (Form 990 or 990-EZ) 2018 FULFILLMENT FUND Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	_						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	r	1	1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2017. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

1

2

Yes

No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2018 FULFILLMENT FUND
Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
			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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	uoliono,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	on to supported organizations: IF res, describe III r at the role played by the organization in this regard.	30	L	I

	other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1

emergency temporary reduction (see instructions)

instructions).

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

7

Schedule A (Form 990 or 990 EZ) 2018 FULFILLMENT FUND

Schedule A (Form 990 or 990-EZ) 2018 FULFILLMENT FUND

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
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			
b	Applied to 2018 distributable amount			
C	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 instructions.			
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			

Schedule A (Form 990 or 990-EZ) 2018 FULFILLMENT FUND

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.)

Identification of Excess Contributions Included on Part II, Line 5

95-3180934

2018

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
COLLEGE FUTURES FOUNDATION	877,000.	520,952.
WINDSONG TRUST	800,000.	443,952.
CALIFORNIA COMMUNITY FOUNDATION	2,081,948.	1,725,900.
ESTATE OF KIRK KERKORIAN	1,000,000.	643,952.
PAMELA BUFFETT AND DUSTY FLEMING	517,755.	161,707.
Total Excess Contributions to Schedule A, Part II, Line 5		3,496,463.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

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Organization type (check one):

FULFILLMENT FUND

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set is the set in the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless to the parts unless the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless to the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts unless the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

95-3180934

FULFILLMENT FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST. STE 400 LOS ANGELES, CA 90012	\$ <u>225,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WINDSONG TRUST 838 MANHATTAN BEACH BLVD. MANHATTAN BEACH, CA 90266	\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JO ANN AND CHARLES KAPLAN 773 LATIMER ROAD SANTA MONICA, CA 90402	\$ <u>180,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	UCLA DREAM FUND 10889 WILSHIRE BLVD. SUITE 1500 LOS ANGELES, CA 90024	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE ELI & EDYTHE L. BROAD FOUNDATION 2121 AVENUE OF THE STARS 30TH FLOOR LOS ANGELES, CA 90067	\$ <u>52,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MUNGER, TOLLES AND OLSON, LLP <u>350 SOUTH GRAND AVE. 50TH FLOOR</u> LOS ANGELES, CA 90071-3426	\$79,773.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

FULFILLMENT FUND

95-3180934 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 CHERNA AND GARY GITNICK, M.D. X Person Payroll 265 MEDICAL PLAZA DRIVEWAY 170,765. Noncash \$ (Complete Part II for LOS ANGELES, CA 90024 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 STANLEY TOMCHIN X Person Payroll 6100 WILSHIRE BLVD. SUITE 600 75,000. Noncash \$ (Complete Part II for LOS ANGELES, CA 90048 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 KELSEY MINARIK AND JOSH KLINEFELTER X Person Payroll 60,000. 6100 WILSHIRE BLVD. SUITE 600 Noncash \$ (Complete Part II for LOS ANGELES, CA 90048 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 NESBITT FOUNDATION Person X Payroll 1856 STONEY POINT RD. \$ 50,000. Noncash (Complete Part II for SHELBY, NC 28150 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 CHANGE A LIFE FOUNDATION X Person Payroll 1048 IRVINE AVE. #609 50,000. Noncash \$ (Complete Part II for noncash contributions.) NEWPORT BEACH, CA 92660 (a)

(c) (d) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 X FERGUSON FOUNDATION Person Payroll 70,000. 3600 DRAGONFLY DR. #W108 Noncash \$ (Complete Part II for THOUSAND OAKS, CA 91360-8453 noncash contributions.)

No.

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

Employer identification number

FULFILLMENT FUND

95-3180934

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 4

Name of o	rganization			Employer identification number
FULFI	LLMENT FUND			95-3180934
Part III		through (e) and the following line entry. haritable, etc., contributions of \$1,000 or les	For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
-		(e) Transfer of gift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	(e) Transfer of gift			
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
-		(e) Transfer of gift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
			_	
-		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of	the	organizati	o
Hume	U 1		orgunizati	-

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Nam	e of the organization FULFILLMENT FUND		95-3180934
Pa		s or Other Similar Funds	
	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	.,	(1)
2	Aggregate value of contributions to (during year)		
-	Aggregate value of grants from (during year)		
3 ⊿			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that	at the eccete held in denor eduin	ad funda
5	-		
6	are the organization's property, subject to the organization's exclusive Did the organization inform all grantees, donors, and donor advisors in		
6			
	for charitable purposes and not for the benefit of the donor or donor ad		
Pa	impermissible private benefit?		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form	
	day of the tax year.		Held at the End of the Tax Y
a			
b			
С	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included in (c) acquired after 7/25/		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing cons	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conserva	tion easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above satisfy t		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's final	ncial statements that describes	the organization's accounting for
De	conservation easements.		
Pa	t III Organizations Maintaining Collections of Art, Hi		ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furthera	nce of public service, provide, in Part XII
	the text of the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement	and balance sheet works of art, historic
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of pul	blic service, provide the following amoun
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		N N
2	If the organization received or held works of art, historical treasures, or	other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 116 (ASC \ensuremath{SFAS}	958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$

а	Revenue included on Form 990, Part VIII, line 1	

832051 10-29-18

\$

		MENT FUND					<u>95-31</u>			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Othe	r Similaı	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	t are a sig	gnificant u	se of its c	ollection	tems	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further t	he organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	-	-	-						
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran									<u></u>
	reported an amount on Form 990, Par		j				,,			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	s or other as	sets not i	included				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII								L] 110
D.			owing table.					Amount		
~	Beginning balance					1c		Amount		
	Additions during the year									
f	Distributions during the year									
20	Ending balance Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•			ity :	∟	_ 165]
Par						10				<u></u>
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ware back	(a) Four	voare	hack
10	Beginning of year balance	292,008.	292,008.		2,008.		92,008.		292,	
-			,		_,				_,,	
b	Contributions									
ט ה										
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs			-						
t	Administrative expenses	202.008	202.008	20	0 0 0 0		00 000		202	000
g	End of year balance	292,008.	292,008.		2,008.	2	92,008.		292,	008.
2	Provide the estimated percentage of the curr		(line 1g, column (a	i)) held as:						
a			_%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held a	nd administer	red for th	ie organiza	ation	Г		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par					· · ·					
	Complete if the organization answered						.			
	Description of property	(a) Cost or ot basis (investm		t or other (other)		ccumulate preciation	d	(d) Book	value	3
1a	Land									
b	Buildings									
	Leasehold improvements			4,788.		122,38		22	,4(08.
	Equipment		52	26,940.		524,90	01.	2	, 0:	39.
е	Other									
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K. column (B), line 1	0c.)				24	,44	47.

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" of	on Form 990, Part IV,	, line 11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-of	-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	, line 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-of	-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		line 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1) CASH SURRENDER VALUE OF IN	SURANCE PO	LICY		423,016.
(2) SECURITY DEPOSIT				24,988.
(3) OTHER RECEIVABLES				15,600.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	463,604.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,		990, Part X, line 25.	
1.(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)			

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2018 FULFILLMENT FUND		95-3	3180934	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Re	turn.		
	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	2,649,	,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	24,750.			
b	Donated services and use of facilities 2b	79,773.			
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d	20,754.			
е	Add lines 2a through 2d		2e	75,	<u>,777.</u>
3	Subtract line 2e from line 1		3	2,573,	600.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,573,	600.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per F	Return).	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,331,	,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	79,772.			
b	Prior year adjustments 2b				
с	Other losses 2c				
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e		<u>,772.</u>
3	Subtract line 2e from line 1		3	4,251,	,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,251,	533.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE

POLICIES: \$20,754

PART V, LINE 4

TO BUILD AN ENDOWMENT TO SECURE THE FUTURE OF THE ORGANIZATION.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	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.						or if the	2018
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection
Name of the organization		MENT FUND					Employer ide 95-3180	ntification number 934
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
	complete this part	t. ed funds through any of the followin	a activ	ition (Chock all that apply			
a X Mail solicitat					overnment grants			
	email solicitations				nment grants			
c X Phone solici d X In-person so		g X Special	fundra	ising	events			
		r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
• • •		art VII) or entity in connection with pr			-		Yes	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreer	ments under which th	ne fui	ndraiser is to be)
			(:::)	<u></u>		60	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c	aiser Jstody	(iv) Gross receipts from activity	tò (d	or retained by) fundraiser	(vi) Amount paid to (or retained by)
	laiser)		or con contrib	trol of utions?	from activity		ted in col. (i)	organization
			Yes	No				
Total				►				
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration
or licensing.								

Schedule G (Form 990 or 990-EZ) 2018 FULFILLMENT FUND

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.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			EAT DRINK BE	TASTE OF		(add col. (a) through		
			INSPIRED	SUMMER		col. (c)		
			(event type)	(event type)	(total number)	col. (c))		
Revenue								
eve	1	Gross receipts	963,187.	67,457.	47,912.	1,078,556.		
۳								
	2	Less: Contributions	691,482.	67,457.	47,912.	806,851.		
	3	Gross income (line 1 minus line 2)	271,705.			271,705.		
	4	Cash prizes						
	5	Noncash prizes						
Direct Expenses								
en	6	Rent/facility costs						
Ă								
ect	7	Food and beverages						
ā								
	8	Entertainment						
	9	Other direct expenses				271,705.		
		Direct expense summary. Add lines 4 through			►	<u>271,705.</u> 0.		
	11 Net income summary. Subtract line 10 from line 3, column (d)							
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.	I	() Dull to be for stores				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				billigo/progressive billigo				
Be								
-	1	Gross revenue						
	2	Cash prizos						
ses	2	Cash prizes						
je je	3	Noncash prizes						
Direct Expenses	3							
gt	4	Rent/facility costs						
Ë	-							
	5	Other direct expenses						
	•		Yes %	Yes %	Yes %			
	6	Volunteer labor	No	□ No /*	No / ≀			
	-							
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:					
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No		
b	lf "	No," explain:						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No		
b	lf "`	Yes," explain:						
	_							

Scł	nedule G (Form 990 or 990-EZ) 2018 FULFILLMENT FUND	95-318	0934	Page 3
11	Does the organization conduct gaming activities with nonmembers?	C	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_ X ==	
40	to administer charitable gaming?	L	Yes	No
	Indicate the percentage of gaming activity conducted in:	يد ا		
	a The organization's facility		Ba	%
	b An outside facility		Bb	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ the function of gaming revenue and address of the third party:	nt		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	🗌 No
1	 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ 	the		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Ind Part III,	lines 9,	9b, 10b,

Part IV	Supplemental Information (continued)

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations		1	OMB No. 154	45-0047
(Form 990)		Go	vernments, an	d Individual	ls in the Ŭni	ted States			20 ⁻	18
Department of the Treasury		Comple	ete if the organization	n answered "Yes" Attach to For		rt IV, line 21 or 22.			Open to I	
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	or the latest inforn	nation.			Inspec	tion
Name of the organizati	on FULFILLME	NT FUND						Employer id	entificatior 95-318	
Part I General In	formation on Grants a									
	ation maintain records t									
criteria used to a	ward the grants or assis	stance?							X Yes	No No
	IV the organization's pro									
	d Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, fo	r any	
	nat received more than s dress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Pu	irpose of gr	rant
	vernment		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance		assistance	
2 Enter total numb	er of section 501(c)(3) a	I nd government org	anizations listed in the	l e line 1 table	1	l	1	b		
	er of other organizations	•	4 - 1 - 1 -					······		
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedul	e I (Form 9	90) (2018)

Schedule I (Form 990) (2018)

FULFILLMENT FUND

95-3180934 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	321	347,925.	0.	FMV	N/A

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

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	7				
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest									
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10					
Department of the Treasury	Attach to Form 990.	_	Open to Public						
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		-	Inspection					
Name of the organizatio		Employer ic			nber				
Part I Question	FULFILLMENT FUND s Regarding Compensation	95-3	180934						
				V	NI -				
1. Chask the energy	into hav (a) if the experimation provided any of the following to av fax a nerveen listed on Farm (200		Yes	No				
	ate box(es) if the organization provided any of the following to or for a person listed on Form § line 1a. Complete Part III to provide any relevant information regarding these items.	990,							
First-class or o									
Travel for com									
	cation and gross-up payments Health or social club dues or initiation fees								
Discretionary	spending account Personal services (such as maid, chauffeur	r, chet)							
	on line 1a are checked, did the organization follow a written policy regarding payment or		41						
	provision of all of the expenses described above? If "No," complete Part III to explain		1 b						
•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	_					
	ny, of the following the filing organization used to establish the compensation of the organizat								
	ector. Check all that apply. Do not check any boxes for methods used by a related organizatio	on to							
	ation of the CEO/Executive Director, but explain in Part III.								
X Compensatio									
	compensation consultant								
X Form 990 of c	ther organizations [X] Approval by the board or compensation co	ommittee							
During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
organization or a re	lated organization:								
	e payment or change-of-control payment?			X					
	ceive payment from, a supplemental nonqualified retirement plan?				X				
c Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		Х				
If "Yes" to any of live	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	า							
contingent on the r	evenues of:								
a The organization?			. 5a		Х				
b Any related organiz	ation?		. 5b		Х				
	or 5b, describe in Part III.								
6 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	า							
contingent on the r	let earnings of:								
a The organization?			. 6a		Х				
	ation?				Х				
	pr 6b, describe in Part III.								
7 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
not described on li	nes 5 and 6? If "Yes," describe in Part III		. 7		Х				
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
-					Х				
	id the organization also follow the rebuttable presumption procedure described in								

95-3180934

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MARIA ESPINOSA BOOTH	(i)	184,609.	0.	0.	0.	0.	184,609.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)						1	<u> </u>	

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 4A

MARIA ESPINOSA BOOTH RECEIVED \$86,667 IN COMPENSATION FOR THE 6/30/19

FISCAL YEAR WHICH INCLUDE SEVERANCE PAY.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

Attach to Form 990

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

2018 Open to Public Inspection

Employer identification number

95-3180934

Name of the	organization
-------------	--------------

FULFILLMENT FUND

Par	t I Types of Property							
		(a) Obsektif	(b) Number of	(c) Noncash contribution	(d) Mathad of da	tormin	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	\$
			items contributed	Form 990, Part VIII, line 1g				<u> </u>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	31	58,583.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (<u>TRAVEL & EVEN</u>)	X	14	94,844.				
26	Other ► (<u>HOUSEHOLD GOO</u>)	X	8	12,977.	FMV			
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	•						
	for which the organization completed Form 828	33, Part IV, D	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			37
	exempt purposes for the entire holding period?	,				30a		<u>X</u>
	If "Yes," describe the arrangement in Part II.		auticos the martia	f on a nonoton development	ianaQ		v	
	Does the organization have a gift acceptance p	•	-	-	IUNS?	31	X	
32a	Does the organization hire or use third parties of			· · ·		20-		х
Ŀ	contributions?					32a		Λ
D	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

FULFILLMENT FUND

95-3180934

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERRESOURCED COMMUNITIES. THROUGH IN-DEPTH AND INDIVIDUALIZED

SUPPORT, EACH YEAR FULFILLMENT FUND HELPS THOUSANDS OF

FIRST-GENERATION, LOW-INCOME STUDENTS GO TO AND COMPLETE COLLEGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLEGE.

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

THIS PROGRAM SERVES 360 STUDENTS.

FORM 990, PART VI, SECTION A, LINE 2:

GARY GITNICK, CHAIRMAN AND FOUNDER, IS MARRIED TO CHERNA GITNICK, A

DIRECTOR OF THE BOARD.

ROBERT GOLDMAN, A DIRECTOR OF THE BOARD, IS MARRIED TO JANICE GOLDMAN, A DIRECTOR OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 ON BEHALF OF THE BOARD OF DIRECTORS. MANAGEMENT PREPARES THE FORM 990 WITH THE ASSISTANCE OF ITS TAX PREPARER AND PROVIDES A DRAFT OF THE FORM 990 TO THE AUDIT COMMITTEE SO THAT THE COMMITTEE MEMBERS MAY REVIEW THE TAX RETURN, ASK THEIR QUESTIONS OF, PROVIDE COMMENTS TO AND SPEAK WITH MANAGEMENT AND THE TAX PREPARER. ONCE COMMITTEE MEMBERS HAVE SATISFIED THEMSELVES OF THEIR QUESTIONS OR COMMENTS TO THE FORM 990, COMMITTEE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule Q (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
FULFILLMENT FUND	95-3180934
MEMBERS THEN APPROVE THE FILING OF FORM 990 AS PRESENTED.	THE APPROVED

FORM 990 IS THEN DISTRIBUTED TO THE BROADER BOARD OF DIRECTORS AT THE

SUBSEQUENT BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 IS AVAILABLE TO THE PUBLIC THROUGH THE

ORGANIZATION'S WEBSITE OR UPON REQUEST. FORM 990 IS AVAILABLE TO THE

PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, THROUGH WWW.GUIDESTAR.ORG,

WHICH IS A PUBLIC WEBSITE, OR UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS RECEIVE ANNUAL TRAINING ON COMPLETING THE CONFLICT OF

INTEREST POLICY AND ARE REQUIRED TO RECOMMIT TO THE POLICY EACH YEAR,

DISCLOSING CONFLICTS AS APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 15:

ALL SALARIES, INCLUDING THOSE OF KEY EMPLOYEES AND OFFICERS, ARE INITIALLY ESTABLISHED BASED ON COMPENSATION SURVEYS AND RELATED INDUSTRY BENCHMARKS AND ARE RE-EVAULATED PERIODICALLY AGAINST SUBSEQUENT COMPENSATION STUDIES, WITH ADJUSTMENTS MADE AS NECCESSARY BASED UPON SAID STUDIES. THE BOARD REVIEWS THE SALARY BUDGET IN THE AGGREGATE ON AN ANNUAL BASIS, REQUESTING MORE SPECIFIC INFORMATION AS NEEDED. A COMPENSATION SUBCOMMITTEE OF THE BOARD WAS ESTABLISHED TO SET THE CEO'S SALARY SPECIFICALLY.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC AS

A PART OF ITS ANNUAL REPORT, AVAILABLE ON ITS WEBSITE. ADDITIONALLY, 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization

FULFILLMENT FUND

GOVERNING DOCUMENTS, CONFLICT OF INTEREST OF POLICIES AND FINANCIAL

STATEMENTS ARE ALL AVAILABLE UPON REQUEST FROM THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE

POLICIES:

20,754.

PART XII, LINE 2C EXPLANATION

THE ORGANIZATION USED GURSEY SCHNEIDER LLP AS THEIR AUDITORS.

Page 2 Employer identification number

95-3180934

SCHEDULE R

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number 95-3180934

Department of the Treasury Internal Revenue Service Name of the organization

FULFILLMENT FUND

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FULFILLMENT FUND LAS VEGAS ("FFLV") -	PROVIDING STUDENTS WITH						
46-2083219, 3100 E PATRICK LANE, LAS VEGAS,	EDUCATIONAL ASSISTANCE AND						
NV 89120	COLLEGE READINESS.	NEVADA	501(C)(3)	LINE 10			Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 FULFILLMENT FUND

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io		
											_ _		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2018 FULFILLMENT FUND

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FULFILLMENT FUND LAS VEGAS ("FFLV")	L	14,695.	
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2018 FULFILLMENT FUND

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

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

(a) (b) (c) (d) (g) (h) (h) (g) (h) (h) <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> <th>6</th> <th>"</th> <th>(f)</th> <th>(g)</th> <th>0</th> <th>n)</th> <th>(i)</th> <th>(j)</th> <th>(k)</th>	(a)	(b)	(c)	(d)	6	"	(f)	(g)	0	n)	(i)	(j)	(k)
Indices			Legal domicile	Predominant income	Are	all	Share of			opor-	Code V-UBI	General o	
Country excluded rom tax liner income assets trest No rest No	of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(c)(3)	total		tion alloca	nate tions?	amount in box 20	managin	ownership
	,		country)	sections 512-514)	Vec		income			No	(Form 1065)		- ·
			-		165	NO			163		(************	165 140	
												1	
													ļ

Schedule R (Form 990) 2018

FULFILLMENT FUND

 Schedule R (Form 990) 2018
 FULF:

 Part VII
 Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.